THE LANCET.

VOL. II.] LONDON, SATURDAY, APRIL 4, 1835. [1834-35.

ANALYSIS OF A PAPER ON

THE DISEASE PRODUCED

BY THE

COMMUNICATION OF GLANDERS

FROM THE

HORSE TO MAN.

THE *Berliner Medicinische Zeitung*, of Jan. 7, contains a paper by Dr. WOLFF on the disease produced in man by the communication of Glanders from horses, in which he reports three cases of the disease, wherein the contagious principle gave rise to an affection which presented itself under the mark of an acute rheumatism. The excessive pain in the trunk and extremities, accompanied by fever and a very frequent pulse, justified, in some measure, this idea. However, the disease was distinguished by great prostration, tendency to sweat, and an inflammatory blush, different from that of articular rheumatism.

This first stage of the complaint continued for about ten days, and then terminated in a second stage, which was characterized by an eruption of pustules, the formation of abscesses between the muscles, sweating, delirium, stupor, and gangrene. Death occurred generally on the seventh day.

The pesuliar features which prevent this from being compared with any other acute disease that attacks the human subject, are only to be explained by some specific cause, viz., the propagation of glanders from the horse. Of this there can be little or no doubt, although in the two last of the cases now before us, there is no evidence of the morbific matter having been immediately placed in contact with the patient, and in the first case, whose nature was for some time mistaken, no inquiry was made on this point.

Case 1.—E. Rohde, a strong man, forty years of age, was brought to the hospital of *La Charite* on the 18th October 1829. He had been employed for a length of time in the cure of horses affected with glanders, and was taken ill himself on the 4th with repeated shiverings, and an unusual sensation of lassitude. The patient, however, continued to work until the 9th, when he was compelled to confine himself to bed, by violent pains in the muscles of the back and lower extremities. On the following days he was attacked with pain in the breast, tightness, and cough, joined to high fever. Antiphlogistic measures had the effect of removing the pain in the breast, the heat of skin, &c., but the fever and pain in the muscles of the extremities continued undiminished. On the 16th an erysipelatous inflammation attacked the legs, without any alteration of the pain; the right elbow-joint was seized, and the fever symptoms became more marked. On his reception into the hospital, the patient complained of violent pain in the left leg, the inner surface of which was the seat of the erysipelatous inflammation; he was also troubled with pain in the upper extremities, muscles of the back, and integuments of the chest. This latter part was the least sensible, for here he can bear a good deal of pressure, while the slightest touch of any of the other parts was followed by great aggravation of the pain. The pulse is frequent, full, and soft; the skin moist and warm.

The symptoms just enumerated gave rise to the supposition of a rheumatic fever, and the patient was ordered to take a warm-bath, and have a diaphoretic mixture, and a blister to the chest. These produced an amelioration for several hours; but on the night of the 18th the patient was suddenly seized with delirium, so violent as to require the strait-waistcoat. This did not produce any change in the other symptoms; the inflammation and tenderness of the extremities remained the same; however, the pulse was somewhat sunk, and the sweat more abundant. An application of twelve leeches to the temples, and cold affusion in the warm-

bath, had no permanent good effect, for as soon as the depression passed off, the patient again became very unruly. On the 20th no change in the symptoms; the delirium continued in spite of fresh cold affusions, and terminated in a state of calm that soon ran into stupor. On the morning of the 21st, several hard, dark-red, inflamed spots, somewhat similar to commencing furunculi, were remarked on several parts of the body, as the breast, extremities, &c. The patient now appeared very weak, his pulse was small, feeble, and frequent, and the skin bathed in sweat. On the 22nd, several new pustules broke out, and one on the right cheek assumed all the characters of malignant pustule. The inflammation of the leg also presented a violet colour, and a fluctuation was distinguishable in this part. On the 23rd, some of the pustules had become gangrenous; acids and wine, even cauterization, were inefficacious: the pulse and respiration became more frequent as the patient sank, and after lying for several hours in a state of coma, he died on the 24th, at midnight.

Autopsy. — The body was examined thirty-six hours after death. The pustules exhibited little change; the dark-red colour remained; between them, on the integuments of the breast, were remarked several pustules filled with yellow fluid, surrounded with a red areola, and exactly resembling in form and size those produced after vaccination. A great quantity of pus, not infiltrated, but contained in abscesses, was found in several parts of the muscles of the left leg, in the cellular sheaths of the muscles of the left upper extremity, of the left rectus femoris, of the vastus internus and gluteus on the right side, of the dorsal muscles, the pectoralis major, and the orbicularis oris, were all occupied with abscesses, varying from the size of a pea to that of a walnut. On opening the chest, the cellular tissue of both lungs at their summit was found in a state of ramollissement, and the inner edge of the right lung contained an abscess exactly resembling in colour and contents those just mentioned. The heart and large vessels, as well as the abdominal viscera, appeared healthy; the brain was not examined.

Case 2.—Carl Sonntag, 49 years of age, was received into *La Charité* on the 25th of December. He had latterly been occupied with the care of horses, and not only passed the whole day, but often slept, in a stable crowded with those animals. Fourteen days ago he was seized with shiverings, loss of appetite, uneasiness in the joints, &c.; the symptoms continued for ten days, when excessive pain in the dorsal muscles, and an inflammatory swelling of the right knee, accompanied with acute fever, compelled him to take to bed: the pain and fever continuing, and an erysipelatous inflammation having attacked the calf of the right leg, he presented himself at the hospital. The patient complained of great weakness, and pains in the head, right knee, and calf, which were swollen, hot, and very sensitive to the touch; the pulse was full, frequent, and soft; the respiration accelerated in a moderate degree. The forehead was hot, but the rest of the body preserved its natural heat. The patient complained of excessive thirst; he was ordered a saturated solution of carbonate of potass (saturatis kali carbonici), and to have the right leg enveloped in flannel; a severe exacerbation of the febrile symptoms was followed by an unquiet night: delirium came on towards morning, after which the patient obtained a little sleep. On the 26th he continued in the same state, and a warm-bath was ordered in addition to the former remedies. On the following day, to judge from the heat of the skin and the great frequency of the pulse, the fever had increased; however, the patient was more debilitated, as was shown by his small, weak pulse, and inability to move himself; he seemed attacked with the low nervous fever. However, the diagnosis was soon cleared up by the appearance of numerous small tumours in the superficial muscles: the greater number of these occupied the legs, the left arm, and the breast. Besides these there appeared several isolated, dark-red, small pustules on the chest and thighs.

The treatment was now immediately changed, and as a concentrated infusion of angelica, with the etherous tincture of valerian, was ordered. Between the 27th and 28th, during which time the patient lay in a comatose state, slightly delirious, several new pustules broke out, and the old ones became more developed. The pustules now appeared more numerous, somewhat distended, and very similar to those generated by the vaccine matter. The erysipelatous redness of the right leg however had disappeared, and fluctuation could be distinguished under the skin. About twelve o'clock the patient fell into complete stupor, and died about midnight.

Autopsy.—The pustules contained yellow consistent pus; the tumours, less numerous here than in the former case, were nothing but so many abscesses in the substance of the muscles, which latter preserved their normal colour and consistency. The greatest number of these abscesses was found in the muscles of the thigh and

upper arm. An incision through the calf of the right leg exposed an abscess, containing about six ounces of pus, which communicated with the knee joint.

On opening the skull, there was found an abundant lymphatic exudation between the arachnoid and pia mater, and a considerable collection of serum in the ventricles; the veins of the brain were very much gorged with blood. The substance of the organ was healthy. The lungs were collapsed, and presented on their anterior surface several pustules of the same nature as those on the integuments. They were situated immediately under the pleura, and resembled the former exactly, except that the areola was of a clearer red colour. The parenchyma of the lungs contained several red inflamed tumours, about the size of hazel-nuts, but these had not passed into suppuration. The pericardium, heart, and large bloodvessels, were healthy. The abdominal viscera did not exhibit any thing abnormal. The cavity of the nares was examined with some care, but when the mucus was removed, the lining membrane appeared merely pale-red and a little softened, without any change worthy of notice.

Case 3.—In the third case the connexion between the disease and its cause was still more clearly proved, although the patient denied having had any thing to do with horses; for his father being questioned on the following day, acknowledged that his son had been employed in the care of horses attacked with glanders, and not regarding the disease as contagious, had not only undertaken to administer the remedies &c., but had once drunk out of the same pail with the animal. The subject of this case, like the former, was seized with pains in the limbs, accompanied by low nervous fever. An eruption of pustules soon appeared, and several small tumours formed in the muscles of the extremities. The pustular eruptions recurred several times in different parts of the body, and the patient quickly fell into a state of stupor and muttering. The pulse was small, weak, and quiet, and the body bathed in abundant perspiration. Warm-baths at first, then tonics, with the *Liq. Ammon. Acetici* and *Sulphur. Æther.*, were administered, but without any effect. A large gangrenous bullæ appeared on the left knee; the pustules became more numerous; and the patient passed all his nights in a state of delirium, and died on the fifth day of the disease.

The morbid appearances were similar to those found in the two former cases,—abscesses in the substance of various muscles, containing good healthy pus; they were perfectly isolated and buried in the muscular tissue; the brain and its membranes were healthy; there were no pustules, however, in this instance, found on the surface of the lungs, but some portions of the membrane lining the trachea appeared red and softened. The heart and large vessels were perfectly healthy.

CASES OF FARCY IN THE HUMAN BEING. *By* M. VOGELI, *M.V., Besancon.*—In the London *Veterinarian* for April (a periodical which is always excellently supplied with articles, British and Foreign), we find a translation of a paper under the above title, which we take this opportunity of transferring to our own pages, also adding to it a brief sentence with which the Editor has appropriately closed his notice of the cases related:—

Case 1.—In 1817, M. P. pricked his left hand in performing certain operations on a farcied horse destined for the surgical instruction of the school. The wound was immediately washed and bound up. On the same day the arm began to swell, even as high as the axilla, and a red line could be traced along the inside of the arm and fore-arm. He was put under the care of Dr. Parrat, physician in ordinary to the school. A bubo formed in the axilla as large as a pullet's egg. It broke and resisted every means to heal it. This induced M. P. to petition for leave to visit his home, and withdraw himself from the injurious influence of the fogs that prevail at Lyons during the winter. After an absence of nearly a year he returned quite well.

Case 2.—During the winter of 1828, M. Gardouneche, of Ussel, a strong and robust young man, twenty-one years of age, but much addicted to liquor, pricked the hollow of his hand. The wound would not heal, and the arm enlarged as high as the axilla, and so continued for a considerable time; the ulcer in his hand slowly spreading. Other ulcers appeared on his knee, lips, and fauces. He returned home, and there died in September 1829.

Case 3.—About the same time M. M., of Nobs, accidentally inoculated himself while dissecting a farcied horse. The results were the same as in the first case.

Case 4.—Peter Couderq, of Concon, in the same class with myself, twenty-two years old, of very irritable temperament, of herculean stature, and enjoying perfect health, had the charge of a horse sadly farcied. As he was puncturing one of the

farcy buds, on the 11th of December, 1829, the horse suddenly started. Couderq quickly drew back the bistoury, that he might not wound the animal, and, in so doing, pricked his left thumb. As the accidents above related had made us aware of the danger of these wounds, Couderq washed it with liquid ammonia in which chloride of lime had been dissolved. The wound was bandaged to preserve it from the air, and then experiencing no inconvenience, he thought all danger was past.

13th. He returned to the clinical school, with the management of which he was then charged. The ground was covered with ice, and Couderq going carelessly along, fell heavily. This caused some merriment among his class-fellows, which exasperated him, and being unable to combat, he used very angry language, and retired. Some hours afterwards he betook himself to his bed, complaining of a dreadful headach. On the morrow he said that he was very ill; this drew from some of his companions expressions of surprise and ridicule. Looking at his stature and strength, they could not comprehend how a simple fall should have knocked him up. He felt no inconvenience from the wound, and he and his companions had ceased to think of it.

15th. He betook himself to the infirmary of the school, where I also was, confined by severe catarrh. He went to bed, and waited for the physician, who did not visit him until the evening. He used to be a great eater, but now the pain in his head deprived him of appetite. I will not speak of the care that was taken of him, which was very great, nor of the means that were resorted to; my purpose is to prove the possibility of the farcy of the horse being communicated to the human being. During the first days of his residence in the infirmary, however, no one dreamed of the inoculation of farcy: the object of the physician was to relieve the dreadful pain in his head, and he was immediately bled, and baths and sinapisms were applied to the feet. I undertook to be his nurse, and by the advice of the doctor applied leeches to the inside of his thighs, and placed cloths, wet with an anodyne decoction, on his forehead and his temples, but with no good effect. The least noise startled him; the light became insupportable; his countenance assumed a mingled expression of melancholy and suffering, occasionally becoming dark and ferocious. His thumb had now become inflamed, and there was considerable suppuration from the wound.

18th. Fever, which left him but few moments of respite, now attacked him, and continued until the 23rd, when he sank into a state of complete apathy, and was perfectly obedient to command.

23rd and 24th. At night he became delirious, and talked continually of his farcied horse and its disease, which he described with singular exactness. This delirium, and the subject which occupied his mind, threw new and unexpected light on his case. The idea of farcy immediately presented itself to us.

24. The delirium subsided, and at two p.m. he asked me for a mirror, and having attentively examined his face in it, he said "It is astonishing! I felt a ticking on my left jaw, as if some insect was crawling over it." During the day he frequently felt his jaw, with pleasure in his countenance. At night he was calm and slept a little.

25. Six a.m., the delirium returned. The itching of the jaw was become insupportable, and a slight redness appeared there. His hand was continually lifted to it. At nine it had become a large and hideous ulcer, bleeding, with edges reversed and prominent, irregular surface, and little portions of muscular fibre, which had been broken in the bursting of the tumour, were scattered over it. The suddenness of this farcy bud and abscess confirmed our fears, and so terrified the seven inhabitants of the Infirmary, that five of them immediately quitted it. I alone remained, refusing to abandon my companion. The delirium presently ceased, and he then complained of pains all over him. Other buds appeared on the eyelids, armpits, elbows, and back of the hands. The delirium returned at night, and only rarely ceased afterwards. The farcy buds swelled and closed the eyelids; they were about a line in diameter; on other parts twice or four times as large, all prominent in the centre and surrounded by a large red areola; they all quickly suppurated, and discharged a white sanious or purulent fetid matter.

26. The arm, fore-arm, lips, alæ nasi, inside of the mouth, neck, chest, groins, prepuce, glans inside and outside of thighs, knees, calves, and upper surface of the feet, were covered with irregularly scattered buttons, sometimes in groups, sometimes isolated, but in no place more distant than three-fourths of an inch from each other. During the night of the 26th and on the 27th these buttons became white in their centre; and some of them formed into abscesses, containing thick flocculent pus, mixed with slight striæ of blood. The poor patient, in his delirium, spoke of nothing but his horse, and with even more exactness than at first. He seemed to suffer more from the tumours on the eyelids than from any of the others,

for he imagined that they were effecting some strange change in him; he had occasionally harboured that idea from the very beginning. On the night of the 27th he fancied that he had returned to his native soil, and about seven in the morning my poor fellow-student ceased to live.

I continued to watch over him; and I do not know whether it was an illusion of my senses, or an actual fact, but more of the tumours seemed to whiten, and others increased in size for two hours after his death; and, after that, I observed many more of these buttons, on the back and loins and thighs, but they were much smaller than any of the others.

Case 5.—M. G., a pupil from L'Ardiche, wounded himself in the fore-finger of the right hand, in July 1830, when practising some operations on a farcied horse. Disorders, but less serious than those of Cases 1 and 3, followed. In August I lost sight of him; but I met with him in January 1831, still in the infirmary, and in June 1833 with the wound in his finger unhealed.

I do not know whether these facts are conclusive, but, at least, they are true; and the whole of the fourth case passed under my own observation.

[This is an exceedingly interesting paper, and reflects the highest credit on M. Vogeli. He who, braving all danger from contagion, and under so dreadful a form, remained at the bed-side of his unfortunate friend, when every one besides had fled, will ever stand high in the estimation of his fellow-men. The destructive agency of these animal poisons is too well known, and the account of poor Couderq bears considerable resemblance to the history of those who have perished from the infliction of slight wounds in the dissection of subjects that had not died of any recognised contagious disease. M. Vogeli's point is not, in our mind, proved—the identity of disease, *the communicableness of farcy*. Some of our British veterinarians may have cases in point.—Y.]

In the same number of the *Veterinarian* is a paper by M. Lautour, entitled "Congenital Hereditary Chronic Glanders," in which the author describes the case of a male foal, borne by a mare which had laboured under glanders for four months, which, from the moment of its birth, exhibited symptoms of disease so closely allied to glanders, that M. Lautour says the case inevitably proves that glanders may be hereditary. The mother was destroyed in six months, and the colt was examined by the morbid anatomist eight months after the birth.

ON THE

LAWS OF COLLECTIVE VITALITY.

By T. R. Edmonds, *Esq., B.A., Trinity College, Cambridge.*

In addressing The Lancet on a subject which is not usually considered to fall within the province of a medical publication, I beg to remark, in justification of the step, that the laws of vitality are the central points of the science of medicine, and that it is only through observations on collective vitality, that any precise or numerical knowledge can be obtained respecting the laws of individual vitality. The only sure index of the practical success of the science of medicine is in the increase of collective vitality, or in the diminution of collective mortality, without reference to particular diseases. The collective vitality of a population, or of a large class of individuals of all ages, is made up of the collective vitality at each age of life. The absolute vitality at each age of life, is, obviously, the primary question; but my present remarks will be confined to proving the existence of a fixed and simple relation between the vitality of one age and the vitality at every other age, which is the same for every population. When the relative vitality is ascertained, the absolute vitality at each age becomes a question of great simplicity, which may easily be decided by the medical profession, if they make a very moderate use of their advantageous position for instituting observations on human mortality. The value of different tables of mortality is a question of high importance to every accurate medical observer, and it is a great reproach to the medical profession generally, that they borrow their opinions on this subject from writers of other professions, who possess inferior qualifications for arriving at a correct conclusion. Any medical man possessing the most ordinary knowledge of arithmetic, may easily examine and decide for himself respecting the merits of different tables. The assistance of those who have made the science of numbers their peculiar study, is seldom wanted, except to give a theoretical completeness to substantial practical knowledge. The mortality prevailing among people in easy circumstances is sufficiently well known at most life-insurance offices; but very little of that knowledge is communicated to the public, because the parties possessing it are interested in the concealment of the truth. The mortality, however, of sections of the popula-

tion in various degrees of "uneasy" circumstances is far from being known, and in this field a rich harvest may be reaped by the exertions of medical men.

The progress of medical statistics may be marked by three stages. In the first has been stated, without any qualification, the number of deaths from different diseases; in the second stage has been added the ages of the deaths; to the third or final stages must be added the ages and number of those who have and who have *not* been afflicted with different diseases. In many medical publications are registered particular facts or laws of human mortality, sometimes with, and sometimes without, any classification of the disease, or of the ages of the dying. The instances are very rare in which the ages of the contemporary living and dying are stated, although these are the two essential elements of a table of mortality. The most complete and accurate observations of this latter kind have been made by Dr. Heysham, on the general population of the town of Carlisle. And in that branch of medical statistics which has for its object to determine the relative mortality at different ages of life, without reference to particular diseases, Dr. Heysham's observations are universally considered to be of the highest authority. The public are indebted to Dr. Heysham for a most valuable relation of facts; but although these facts have been published nearly fifty years, no person has hitherto attempted to establish the existence of a general law of mortality which indissolubly connects these facts together. I believe that I have succeeded in discovering the general law applicable to this, and to every other observation from which a table of mortality can be deduced. And I now appeal to the medical public as the most interested in the question, and, at the same time, as the most competent tribunal to decide on the merits of the discovery. Independently of its practical value in medical statistics, the discovery cannot fail to interest, most deeply, all physiologists; for it assures us that the chief class of vital phenomena, like the chief class of chemical phenomena, are under the regulation of known and invariable numbers.

In every table of mortality, the ratio of deaths at any one age of life, bears the same fixed and simple relation to the ratio of deaths at any other specified age. This invariable relation is maintained by *three* numbers, which regulate the progressive variation in mortality from extreme infancy to extreme old age, each number being confined to its peculiar province. There are three principal periods in animal life, depending on the power of procreation,—*before*, *during*, and *after*, the existence of the procreative power, and the three periods over which one of the numbers constantly presides. The limits of the "procreative period" are not capable of being exactly defined in any table of mortality, because, as is well known, no such exact limits exist in nature. In most tables the "procreative period" terminates at the age of fifty-five years nearly, which is probably a mean between the ages at which the male and female of the human species lose the powers of procreation. In all tables the age of minimum mortality coincides with the commencement of the "procreative period."

About fifty years ago, Dr. Price, who is generally admitted to be one of the highest authorities in matters relating to human mortality, remarked that all good tables agreed in three points. First, in exhibiting a ratio of deaths very rapidly and regularly decreasing from birth to the age of nine or ten years; secondly, in showing a ratio of deaths slowly increasing from adolescence to some age between fifty and sixty years; and, thirdly, in showing a rapid increase in the ratio of deaths at ages exceeding sixty years. Dr. Price never attempted to express in numbers the glimmering of truth which had thus evidently flashed on his mind. I am now enabled to state the precise numbers which nature invariably uses in the regulation of her operations. In infancy the annual *decrease* in the ratio of deaths is 32.4 per cent.; during the "procreative period" the annual increase in the ratio of deaths is 2.991 per cent. After the procreative period, the annual increase in the ratio of deaths is 7.969 per cent. It is only below the age of six weeks that the theory appears to fail, especially for the male sex. The apparent error may be attributable, either to the effects of the act of birth, or to the greater mortality of infants born between the seventh and ninth month from conception. It does not however appear improbable, that the date of conception, and not the date of birth, is the proper commencement of the "infancy period."

Any person who is able to perform the operations of addition and division may easily satisfy himself as to the correctness of these numbers, by inspecting any good table of mortality. He may begin at any age in the table after the period of infancy, and divide the remainder of the table, by marking off successive intervals of ten years. He has then to add, in each class of ten years, the numbers in the parallel columns of living and dying, and afterwards to divide each sum of the dying by

the parallel sum of the living. If the successive quotients increase one-third part for every ten years during the "procreative period," or double every ten years after the procreative period, these results will be in near conformity with the theory announced. In the period of infancy, conformity with the theory is indicated nearly by the proportion of three to two between the successive annual deaths. It may be useful to observe that there are some printed tables of mortality which are valuable in some respects, but which cannot affect the present question, because they are founded upon the ages of the dying only. All writers on the subject agree in declaring that the ages of the living as well as of the dying are essential to the construction of a correct table of mortality.

Mr. Milne, the actuary of the Sun Life-Insurance Society, enjoys a very high reputation as a practical and scientific observer of the laws of human mortality. This gentleman has expressed himself in terms of the highest approbation respecting the merits of the Carlisle observations of Dr. Heysham, and he has published a complete and extensive series of life-insurance tables, founded upon those observations. The Carlisle table of Mr. Milne appeared to me to rest on higher authority than any other existing table of mortality, and on that account I have chosen it as the best criterion of the correctness of the new theory. By the help of the three discovered numbers, I have constructed a theoretical table which does not differ from the Carlisle table of Mr. Milne, more than Mr. Milne's table differs from tables formed by other authors from the same materials. As an example of coincidence between my table (published under the name of "Village Mortality") and Mr. Milne's Carlisle table, I present a comparative view of the "expectation," or mean duration, of future life, at different ages, according to the two tables.

I have published a most complete and extensive series of Life-Valuation Tables, founded upon a rate of mortality which is exactly twenty per cent. higher at every age than the mortality of the two just mentioned tables. I have applied to them the designation of "Mean Mortality," because I consider them founded upon an absolute mortality which is most generally applicable. The chief table of the series coincides very nearly at every age with the Sweden Table of Dr. Price, who has expressed a more favourable opinion of the observations on which that table is founded than of any other observations. Since, then, the new theory leads to results almost coincident with those of two tables of the highest repute, and founded upon very different circumstances, I may be justified in declaring that very little doubt can be entertained of its truth, even if it were contradicted by tables of inferior authority.

Age.	Mean duration of Life according to	
	Milne.	Theory.
	Years.	Years.
1	44.67	44.59
5	51.25	51.21
10	48.82	48.79
15	45.00	45.05
20	41.46	41.40
25	37.86	37.83
30	34.34	34.34
35	31.00	30.92
40	27.61	27.55
45	24.46	24.25
50	21.11	20.96
55	17.58	17.64
60	14.34	14.47
65	11.79	11.65
70	9.18	9.20
75	7.01	7.12
80	5.51	5.41
85	4.12	4.04
90	3.28	2.97
95	3.53	2.15

I am not aware of the existence of one table of mortality, founded upon sufficient materials and supported by good authority, which really or apparently opposes the theory now advanced. There has however been recently published a table of mortality of the annuitants of the British Government, which exhibits the anomalous appearance of a constant rate of mortality (for the male sex only!) between the ages of twenty or forty-five years, whilst every table of unselected lives exhibits an increase of thirty-four per cent. for every ten years difference in age. This anomalous appearance may be accounted for by the known disturbing effects of "selection." The error in the construction of this table, which renders it of no practical value, consists in confounding together the mortality of all individuals of the same age, without any regard to the age at admission. If there were no proof at hand, it is evident, upon the slightest consideration, that recently admitted annuitants or insurers will suffer a considerably lower rate of mortality, than those of the same age who have been admitted many years previously.

The proof of the fact now stated has been recently furnished by the publication of the experience of the Equitable Life-Insurance Society, which supplies the means of classifying the mortality according to ages at admission. It results from such a classification, that the mortality of those admitted at one and the same interval of age, increases fifty per cent. for every ten years below the age of forty-five. But the increase of mortality deduced from the same lives in aggregate, without any regard to the age of admission, is only twenty per cent. in every ten years; so that there is a difference of nearly thirty per cent. consequent on confounding the reduced mortality of the late admissions with the higher mortality of the early admissions. If it be granted that a similar difference would appear, if Government annuitants had been classed according to ages of admission, it will follow that the Governmen table offers no opposition to this theory, even in the case of select lives, provided the lives compared are selected or admitted at one and the same age.

The nature and weight of the evidence in favour of the theory will be readily seen on inspection of the following table, in which is shown, for decimal intervals of age, the number of deaths in one year for every hundred living, according to the observation of the highest repute, and in which is also shown the coincidence of two theoretical tables with the observed facts.

Between Ages.	Fact.	Theory.	Fact.	Theory.
	Sweden, 21 years, 1755-75.	Mean Mortality Table.	Carlisle, 9 years, 1779-87.	Village Mortality Table.
10—20	.71	.70	.59	.58
20—30	.92	.93	.75	.78
30—40	1.22	1.25	1.06	1.05
40—50	1.74	1.68	1.43	1.40
50—60	2.64	2.40	1.83	2.01
60—70	4.81	4.83	4.12	4.05
70—80	10.23	10.04	8.30	8.46
80—90	20.78	20.18	17.56	17.16
90—100	39.41	39.85	28.44	33.45

From the above it will be seen that the two theoretical tables are in perfect accordance with the facts at every age except between fifty and sixty. But the discrepancies here do not affect the truth of the theory, because they depend on the termination of the "procreative period," the fixing of which forms no part of the theory. It is rather remarkable that the discrepancy in one case is precisely the reverse of the discrepancy in the other case, arising from assuming the age of fifty-five as the termination of the procreative period. Whence it may justly be inferred that the theoretical tables are more valuable than either of the separate facts, with respect to the prediction of future mortality.

The Government returns, very recently published, of the mortality prevailing in England and Wales during the seven years 1818-24, yield results in accordance with the theory, at every age for each sex, with one single exception. Between the ages of twenty and thirty years the reported mortality of females is twelve per cent. higher than the result of the theory. Half of this excess is probably erroneous, from two causes; first, the understatement of the ages of females; secondly from an undue proportion of omissions of the number living between the ages of twenty and thirty, when the population is most moveable, and consequently most difficult to enumerate. The remainder of the excess is probably real, and arises from the greater mortality of the class of females who earn their livelihood by prostitution, and who are generally between the ages of twenty and thirty years. It is hardly necessary to observe that the truth and universality of the theory cannot be shaken, except by observations in which the individuals compared differ in age, but resemble each other in all other important circumstances.

Grafton Street, Fitzroy Square,
March 28, 1835.

*** So far are we from regarding discussions on the laws of mortality as foreign to our pages, that we invite communications on the subject; promising, however, to use minute care to prevent opinions (whatever we may publish) from obscuring or uselessly supplanting facts and principles.—Ed. L.

ON

ABSORPTION.*

By T. G. Hake, *M.D., Senior-Physician to the Brighton Dispensary.*

The expense of organization in the digestive apparatus would indeed have been vain, were any other than elaborated or secreted matters permitted to be absorbed. When foreign bodies, whether consisting of undigested aliment or excrementitious substance, come in contact with vital parts, they produce an effect exactly adequate to the cause, and that is all which they can do; for cause and effect being proportioned to one another, if foreign bodies could enter the absorbent vessels, chyle and lymph could not possibly possess like properties.

Of all the impressions conveyed from one part of the system to another, in consequence of the action of foreign bodies, the most evidently nervous are those transmitted by the senses. When an image is impressed on the optic nerve, and is thence conveyed to the brain, we do not suppose that the image is absorbed; still, the effect produced on one part is faithfully conveyed to another part of the nervous system. Such as is the image, so is the impression, and so is the consequent metastasis of the impression to the opposite extremity of the nervous chain,—an effect exactly adequate to its cause,—the one proportioned to the other. With regard to the other senses, smell, taste, hearing, and touch, whose causes are less palpable, but whose effects are as evident and distinct as those of vision, we must form our judgment by the same rules. If we perceive flavour, we must argue that the same relation exists between that flavour and the substance producing the impression, as between a real image and the mental perception of that image.

Thus the substance has its properties, and the nerve has its powers; the substance bears the same relation to the nerve as do the properties of the substance to the powers of the nerve; and those properties acting as causes on the nervous powers, produce effects which are only exactly proportioned to the causes, but which bear the same relation to them as the landscape bears to the mental perception of the landscape; and this is the case not only with the nerves of the senses, but with all the rest, as we shall soon have an opportunity of observing.

Impressions, in order to be permanent, require a continuation of their exciting cause. While that cause is present, there is a perpetual metastasis of its effect to the origin of the nerve, or to the organ to which the nerve is allied. If the exciting cause be acting on a nerve of touch, it is not the first impression, but a series of similar impressions, that produces the continued perception, for the blood is circulating in the nerve, and the state of its circulation, whatever that may be while under the influence of excitants, is only maintained by the presence of those excitants. When they are removed a reaction ensues, which restores tranquillity to the part; and even during the series of impressions which the continual application of any substance produces, there is a series of reactions to throw off each preceding effect.

In the living economy, the action and reaction are equal; whatever the former may produce, the latter can generally destroy. All the impressions made on the senses, shortly after the removal of the object, disappear, and thus the reaction consequent on the removal of any stimulus, is peculiarly adapted to restore the nerves to their former state, but the reaction of one stimulus is not at all adapted to combat the action of another. Indeed, as the stimuli are dissimilar, so are their reactions unfit to cast off the effects of each other.

The situations of organs which are liable to receive impressions, are generally favourable to the removal of exciting causes. The eye is provided with muscles, by which a curtain may be thrown over it, separating it from external nature; that which annoys the taste or smell is easily rejected; the hand may be removed from whatever displeases the touch; the stomach, the bowels, the pulmonary tubes, the bladder, and its adjacent canals,—all communicate with the air, so that whatever irritates them may generally be expelled, leaving the reaction to restore the parts, from whatever changes may have been effected in them, to their common state again.

While the natural food, with the mucous secretions and other fluids, whether separated or combined, constitutes the natural stimuli of the gastro-intestinal canal, whatever may differ from the healthy or the wholesome material, produces a corresponding train of symptoms, and comes under the denomination of *poison*. But even as the action of natural stimuli produces a sanative reaction, so the poison, in giving rise to alarming symptoms, is only causing that reaction which is essential to the cure of its effects, and of expelling the deleterious substance. In performing this a curative process is

* Continued from page 803, No. 601.

excited, which would almost appear to be intelligent, but that we know it to be dependent on the law of equality between action and reaction, the necessity of cause and effect being exactly proportioned to one another. For instance, unwholesome food taken into the stomach not only affects the nerves which supply that organ, but, through them, its glandular and muscular tissues, so that every kind of food which acts on the nerves of the stomach, excites the secretion of a gastric juice which is peculiar to itself, and which is either best able to digest and carry the food off by the intestinal canal; or, if indigestible, to coalesce with it in the production of that muscular movement by which vomiting is effected.

The great effects produced by all substances when applied to nervous surfaces, are action and reaction, and both the one and the other are always proportioned to their cause. The class of substances named *narcotics*, produces almost the same symptoms wherever applied. The action of narcotics appears to debilitate the nerves, to enfeeble the circulation of their blood, the consequence of which is, that the spinal, cerebral, and ganglionic centres take on a like action from imitation. The earliest effects of nervous debility, or, in other words, of slow circulation in the nerves, are relaxation and increased irritability of the muscular system. The first effect is proved by the fulness of the heart's action, which gives fulness to the pulse; and, after death, by the softness and flaccidity of the heart and the distention of the arteries; the second is proved by the convulsive movements which take place during the debility and numbness resulting from the action of morphine on the economy. These phenomena of muscular relaxation and increased irritability, viewed as dependent on nervous depression, explain the apparent nervous excitement which small doses of the narcotic produce. Mental excitation is the effect of a liberal flow of blood on the organ of the cerebral faculties themselves, and no states are so favourable to this as the increased irritability and relaxation of the muscles (and of the elastic tissues, whose laws are the same) of organic life; for when those states are induced by the depressing influence of a narcotic on the nerves, the blood more sensibly stimulates the heart, and the capacity of the vessels is greater; thence the blood is thrown freely on the brain, and the faculties are augmented, and the imagination is quickened.

Thus, during the action of the poison on the nervous system, considered as distinct from the intellectual and moral, the nerves throw the burden on the organs which they supply. Of all the tissues, the nervous is the most easily deranged, and, for this reason, it takes refuge under the power of the muscular system, by which it is ultimately reinstated. No sooner is the state of narcotism established, than, from the consequent torpidity of the secretions, there is an increase in the quantity of the circulating fluid. Meanwhile, the faculties of the brain, having been over-excited, become enfeebled; they no longer respond to the stimulus of the sanguineous fluid, and vertigo, the opposite state, is produced. But animalization and the secretions having been reduced to a state of narcotism,—having been paralysed,—an additional stimulus is given, from this cause, by the additional quantity of blood, to the muscles of organic life, and thus a reaction sets in, which is further assisted by the convulsed state of the common muscles,—the effect of the absence of nervous power. This reaction, directed to every part of the system, attacks the tissues wherein the lesion may exist, and of these the first attacked would be the nerves. The circulation in these organs having been almost paralysed by the action of a narcotic, it would, by the reaction, the causes of which we have traced, be restored; and if, by the local application of the poison, the whole nervous system had been depressed; the part to which the poison had been applied, although the poison still remained there, would be induced again to receive its blood, not only in consequence of the reaction of the circulation, but from sympathy with the whole nervous system besides, since such is the harmony of purpose therein, that whatever action is the most powerful in the one part of it, is taken on by the other. Thus, then, it is, that the nervous system conceals itself from danger, while it calls on the muscular system to take its part, and assist in expelling the poison.

But the curative process would be incomplete were there no other reaction in the system than that which we have described as peculiar to the nervous tissue. While the state of narcotism prevails in the nerves, the functions over which they preside are more or less suspended. The secretions of the bowels cease, and constipation ensues; the renal glands are torpid, and the emission of urine diminishes; respiration, also, is incomplete. But while the secretions are shut up, the quantity of circulating fluid increases, and, consequently, the stimulus of the heart and arteries is greater, and in proportion as it is greater, so is the blood redirected to the organs with more

.orce, those organs in their turn receiving stimulus in proportion to the degree of narcotism under which their nerves have been placed. Thus the ratio between cause and effect being maintained throughout the whole chain of the operations, the reaction returns in an exact proportion to the action; and whether the poison be deposited on any of the mucous tissues,—on the skin or elsewhere,—the effects are precisely the same, commencing only at one part of the nervous chain instead of at another, so that the increased secretions consequent on the reaction of the system, are sufficient to carry off the poison from all the surfaces, although it may be lodged upon only one; and those secretions are exactly adapted to throw off the peculiar poison, and that poison alone, which has caused them.

Vomiting,—an effect of debility of those nerves which supply the muscular coat of the stomach,—is often induced, whatever may be the part of the body to which the narcotic is applied, provided the narcotic be not in too large or too potent a dose. This, together with the convulsive movement of other muscles, is one of the great agents of reaction, but at the same time that the reaction accelerates the circulation towards another end, it is adapted, not fortuitously, but as the necessary and curative effect of its cause, to throw the poison from the stomach, should the poison be deposited in that organ.

These phenomena of poisoning do not take place in the order here described; neither do the reactions follow one common action, but the reactions may be going on while the common action, in some parts of the system, continues; for the reaction to the true lesion is almost always more rapid than it is to the sympathetic lesion, and in the first of these it is that pain chiefly stations itself; for increased sensibility being the result of a stimulus applied to a debilitated nervous system (as is proved from that state being contemporary with debility and paralysis, under the influence of morphine), when the blood again flows in nerves which have been locally depressed by a narcotic, it gives rise to that dreadful sensation. The same also takes place in the brain, which, having been excited by the first action of the poison, becomes enfeebled, and suffers agony under the congestion which the reaction produces.

The narcotic poison may be given in such quantity as at once to destroy the nervous energy, and prevent all reaction. Its action through nervous media is on the spinal marrow and the brain, and the blood is thrown on the faculties of the latter, overwhelming them with sleep. There is numbness, which only differs from increased sensibility, as regards its cause, in one respect; for under either cause there is a lesion of the nerves, but in the former there is no circulation. Although the narcotic may have been taken into the stomach, the gastro-intestinal canal offers no trace of inflammation,—an additional proof that the absorbents have not been called into play; for in order that they may be capable of extraordinary action, an inflamed state of their tissue is essential; but the absorbents deriving their power of nerve, they would rather be paralysed than excited by narcotics.

In confirmation of the view which has been taken in this essay on the exclusive action of narcotic substances on the nervous system, the effects of hydrocyanic acid need only be adduced. That fluid, applied to the tongue, or to the eye, produces immediate narcotism, such as troubled respiration, convulsions, partial or general paralysis, vomiting, and enfeebled sensibility,—in fact, all those symptoms which we have just referred to narcotics. The rapid effect of this poison on the living system, at once denies the intervention of the absorbents; for even if the substance in question could be immediately absorbed, the course of the chyle and lymph is so slow, that instead of instant death being the result, the destructive effect of the poison, in whatever dose taken, would be the work of time.

Thus the action of narcotics is never on the absorbent system, but they produce their symptoms on the nervous, according to the laws which have been discussed above: and those symptoms vary, not according to the mode of operation, but according to the nature, of the narcotic employed.

(To be continued.)

SALIVATION FROM MOISTENING RED WAFERS, &c.

To the Editor of THE LANCET.

SIR,—As the two following cases may be deemed of sufficient interest for publication, I forward them for insertion in your valuable Journal.

Your obedient servant,

HENRY BIRD.

15, Southampton-terrace, Kentish-town, March 30, 1835.

J. R. T——, aged 35 years, hon. secretary to a new society consisting of nearly 900 members and subscribers, was attacked with soreness and swelling of his

gums, which he attributed to cold; he had a pediluvium and retired early to rest, taking a dose of James's powder, to promote perspiration. Finding in the morning augmentation of his symptoms, he requested my attendance.

I found his tongue swollen, and ulcerated on its borders; the teeth were loose, and aching, and there was pain in the head, the gums were ulcerated and receding from the teeth, and there was strong mercurial odour in his breath, with all the other usual symptoms of severe salivation. Having, on a previous occasion, seen him affected in like manner after he had taken a four-grain calomel pill and a common cathartic draught, I was induced to imagine that he had taken one on this occasion. He assured me, however, to the contrary, and I remained in ignorance of the cause. I prescribed for him:— ℞ *Sulphur. Loti* ʒj, ter die sumend. ℞ *Solut. Chlor. Sodæ* ℥ij; *Spt. Gall.* ʒi; *Aq. Distill.* ʒv. M. ft. lotio, freq. utend.

Under this plan he daily improved, and at the end of a week was quite restored, but on the 9th day I was again sent for, when, to my utter astonishment, I found him again affected, but with increased violence, his tongue protruding, and saliva constantly flowing from his mouth. I at once requested him to state how he had passed, and what he had taken, the last two days, when I found that two days prior to the first attack he had wafered nearly 900 circular letters with red wafers, all of which he moistened in his mouth, and that having to send the same number of circulars this time, he had wafered those in the same manner, with a similar result. The same treatment was again adopted and a speedy recovery ensued, with a recommendation to him in future to moisten the wafers in water.

The manner in which ptyalism was produced in this case is curious, and it shows also how remarkably the iodiosyncrasies of constitution modify the actions of medicinal agents.

J. B., a midshipman in the Indian navy, aged 21, had been attacked, while on duty up the Red Sea, with yellow fever, three separate times, for which he had been profusely salivated, and was at last sent home with a sick certificate, as affording him the only chance of recovery. He was confined to his cot during three months of the voyage, and was only able to walk on deck with assistance. On his arrival in England he placed himself under my care, and stated that at each separate time of salivation his tongue hung out of his mouth, and was so much swollen that he could not close the jaw, but was obliged to take nourishment from the spout of a teapot.

The mercurial odour arising from him was so offensive as to render it disagreeable to approach him. There were exfoliation of the superior maxillary bone, and constant toothach, increased when his mouth was open; his teeth were so loose that they might have been almost shaken out of his head; the gums were ulcerated, and had receded from the teeth; a fetid discharge came from both nostrils; hemorrhage. ℞ *Decoc. Sarsap. Co.* ℥j; *Acid. Nit. Dil.* ʒiij. M. Tertiam partem ter die sumend. ℞ *Solut. Chlorid. Sodæ* ℥ij; *Spt. Gall.* ʒj; *Aq. Puræ* ʒv. M. Ft. lotio freq. utend.

Strong nitric acid applied daily to the bone; generous diet. His general health rapidly improved, and at the end of two months he considered himself to be as well as before his first departure, with the exception of the looseness of his teeth, for which I recommended—℞ *Aluminis* ʒss; *Tinct. Cinchon., Tinct. Rhatan.*, a. a. ʒj; *Aq. Puræ* ʒvi. M. Ft. lotio frequent. utend.

From this he found great benefit, and at the end of six months he was able to eat solid food of any description.

Some months afterwards, having occasion for an aperient, I prescribed a four-grain calomel pill, and a cathartic draught, and the following day he was affected with ptyalism, which was treated in the same manner. Was this produced so rapidly in consequence of his frequent previous salivations; or was it the result of a peculiarity of constitution, as in the first case? I have noticed these two cases, not on account of the treatment adopted, but to add to the examples in which trifling quantities of calomel will in some persons produce ptyalism, while in cholera I have seen above 1000 grains given without that effect taking place. At the same time I may be allowed to remark, that the plan of treatment above given, in conjunction with exposure to atmospheric air, as recommended by Dr. A. T. Thomson, is, in my humble opinion, decidedly the best at present adopted.

TORSION OF ARTERIES.—Mr. Molyneux, of Nassau-street, has applied torsion in the castration of the horse with decided success in three cases (reported in the *Veterinarian* for April), and he states his opinion that the torsion forceps are so effectual in the prevention of hemorrhage from the divided arteries, that in veterinary operations they will soon wholly supersede the cautery and the caustic.

EPILEPSY FROM VENERY.

To the Editor of THE LANCET.

SIR,—As a constant reader of your valuable Journal I cannot avoid making an observation upon a subject adverted to in a late lecture by Dr. Thomson of the London University. In speaking of the causes of epilepsy, I am surprised to find no allusion made by him to *indulgence in venery*, in my humble opinion the most fruitful source of this often intractable malady. Out of seven cases which have lately come under my care, six were decidedly owing to venereal excitement. I will allude to two of them only.

A gentleman, aged 41, having fallen down in a fit, was brought into my house for assistance. The manner of his wife, who was with him, not being so kind as would be expected under the circumstances, I expressed my surprise, when she informed me that it was "his own fault," and related sufficient to satisfy me as to the cause of the epilepsy. This gentleman's health was completely re-established by a voyage to America, leaving his wife in England.

The second case, I shall notice was one of a rather different character. The patient, aged 25 years, had for eighteen months been desponding and low-spirited, manifesting a peculiar aversion towards every person who wished to alleviate his sufferings, especially his mother, sisters, &c. Twice or three times a week, or oftener, he was attacked with a fit, which continued from ten minutes to half an hour, or more, and left the mind wandering for some time after. The appetite was *voracious*, and the pulse quick and hard, with an unusual degree of heat and pain about the head, chiefly referred to the occiput. Having made strict inquiries as to his habits, his friends informed me that he was remarkably sober and steady; but not being satisfied with this report, I expressed my suspicion to a brother who slept in the same room with him, and wished that he should be narrowly watched. The result was as I had anticipated. He was detected, and confessed that he had for a long time past indulged, in a habit which is destructive of both mental and bodily health. That this was the cause of his illness and epilepsy does not admit of a doubt, since the only mode of treatment that was adopted was counter-irritation to the part affected. A diet consisting principally of fish and farinaceous food, with constant employment in business from morning till night, where he was always under the eye of an active manager, had before the expiration of six weeks thoroughly established his health, which from that period until now has not been interrupted.

I trust that these remarks will tend to direct attention to a more correct view both of the pathology of epilepsy and its treatment.

I am, Sir,
Your obedient servant,
FRANCIS EAGLE.

29, Poultry, March 25, 1835.

DANGER OF LARGE BLEEDING IN CHOLERA.

To the Editor of THE LANCET.

SIR,—I lately saw a case of cholera that strongly impressed on me the great caution with which blood should be abstracted in that fatal disease, and I therefore transmit an outline of it, for insertion in your journal.

A girl, aged 25, of delicate constitution, had had diarrhœa for two days, and at 10 a.m. of the third, was suddenly seized with violent spasms of the abdominal muscles and legs, with excessive restlessness, frequent vomiting, small feeble pulse, and other of the symptoms, except much purging, which are common to cholera previous to the occurrence of severe collapse. Fifteen ounces of blood having been abstracted, the pulse gained strength and fulness, the cramps became much less severe, and the countenance assumed a less anxious expression. Heat was applied to the surface of the body, and calomel and ext. hyosciami, five grains of each, were ordered to be taken every hour; and when I left her at noon, the symptoms had become so favourable that I was confident that this was one of those cases in which remedial means are happily successful. On seeing her two hours afterwards, I found that *blood had escaped from the arm to a very considerable amount*, and had produced a melancholy change; for the pulse was now very small and weak, the face was livid, the eyes and cheeks were sunken, and the breath and the tip of the tongue were cold. Irritation was excited on the legs, calomel and hyosciamus were continued, and the vomiting was allayed by effervescing draughts, but she sunk eighteen hours after the first attack of severe cramp.

The fatal termination of this case may fairly be attributed to the excessive collapse produced by the loss of blood during my absence. When I opened a vein,

the state of the circulation was such as to admit of a small bleeding, and was justified by its favourable effects, but an additional loss, probably equal to what I had taken, produced the same bad effects that a small bleeding would have done in a case of extreme collapse, an instance of which I noticed in the 467th Number of THE LANCET. During extreme collapse a small quantity of blood, vitiated in quality, seems to circulate, and affords an insufficient supply to the vital organs, for the performance of their functions during any length of time; but if, by even a small bleeding, the scanty supply be diminished, death is the almost immediate consequence, and the above case shows that equally fatal results follow a large loss of blood in cases of less severity. The case I fear is not solitary, though the disease has become less frightful than it was in 1832, when I saw much of its horrors.

I am, sir, your obedient servant,

PETER MIDDRIE,
Assistant Surgeon, R.N.

Glasgow, 23rd March, 1835.

ERUPTION OF SMALL-POX DURING THE PROGRESS OF COW-POX.

To the Editor of THE LANCET.

SIR,—On Monday, the 9th of this month, I vaccinated a fine healthy boy, aged about eighteen months, with vaccine lymph, in three separate places on the same arm. The three incisions took effect, and on the following Monday the child was brought to my house for examination. The vesicles were in every respect most satisfactory, but as the child was hot and feverish, I did not think it prudent to remove any matter from the arm. On inquiry it was ascertained that for four or five days previous to my seeing the boy for the second time, he had been sick and unwell. He was ordered some medicine, but the cause of the excitement was to-day sufficiently explained by a copious eruption of small-pox making its appearance. The vesicles, by Saturday, were flat, but filled with clear fluid; and had a distinct depression in the centre. They assumed the confluent form, typhoid symptoms supervened, accompanied with severe bronchitic affection, and the child died on the morning of the 24th. The treatment it is unnecessary to particularize.

This case shows in the most unequivocal manner, that vaccination, may not only fail to afford any protection, but in the least degree to modify or ameliorate the disease. The lymph with which this child was vaccinated was taken from a patient of my own. Several others have since been vaccinated from the same source, and the vesicles have in every case turned out most unobjectionable. It, of course, must be admitted that the virus of small-pox had been received into the system previous to vaccination, but the question still remains to be answered, if we attribute any virtue to this practice, how the disease on the one hand, and the vesicles produced by cow-pock inoculation on the other, ran each their course, without experiencing either interruption or modification?

The case, while under treatment, was seen by my friends Dr. Brown and Mr. Panton.

I am, Sir,
Your very obedient servant,
JOHN WHITEHEAD MACNEE.

Glasgow, March 27, 1835.

EFFECT OF DIET IN PRODUCING RING-WORM.

To the Editor of THE LANCET.

SIR,—You have been making a "pretty considerable" noise lately, about the boys of *Christ's Hospital*, whose treatment reflects but small credit upon the adjoining boys of *Bartholomew's*. If a "subordinate" may presume to give advice to his superiors, I will endeavour, with your permission, to throw some light on the subject. Those pure surgeons, generally disdaining the practice of medicine, are too apt to look no deeper than the surface of a wound; and we have, with all due deference to them, an "idea" in the country that they would frequently cut but a sorry figure in going through the multifarious duties of the humble general practitioner.

As it is an admitted maxim that to ascertain the nature and cause of a disease is half its cure, I will apply myself to those points of the complaint in question instead of empirically prescribing nostrums.

Man and animals are equally affected by sudden changes in the articles of diet, and the greater part of the ailments under which human nature suffers is derived from those sources. In fact, I have no hesitation in asserting (and I have had some experience on the subject), that the ringworm in *Christ's Hospital* is *produced* and *maintained* among them *solely through the diet of the boys*. I am prepared to prove the fact to demonstration. The boys are sent from home very young (when all changes in food have a more sensible effect on the frame), and are at

once put upon heating and stimulating diet, which in all young subjects is sure to produce eruptions of the skin or the scalp, and frequently of both. Let any number of boys who have just been put off a milk, vegetable, and *fresh* meat diet, be given *salt* meat, or, what is still better for the purpose, *pea soup*,—for, in addition to its being partly prepared from *salt materials*, the *peas alone are of a most heating quality*,—two or three times a week, and I will engage to excite in every individual of them some disease of the skin or scalp. I know a school now where the children have an eruption in every respect resembling psora, entirely from the use of this diet, and the complaint has been generated and kept up there for many years from the same cause. Nothing is more common among poor children, who are fed a good deal upon bacon, than these skin diseases in all their varieties; though I will admit that many hard-working men by long habit and endurance may become, in a great degree, insensible to its effects. Tinea capitis, and all these eruptions of the scalp (which, I maintain, are all children of the same parent, and arise, in nineteen cases out of twenty, from errors in diet), I grant you may be communicated by contact or inoculation; but this is much rarer than is imagined, and not easily effected, and when so taken, is much more readily cured than if constitutionally communicated.

But Mr. Lloyd's assertion that the complaint in his hospital is prevented from being "eradicated" by the frequent importation of fresh cases, is perfectly gratuitous and absurd. Do not all the children belong to respectable people, and does he not see them on admission, and satisfy himself that they are free from complaint; and, lastly, does he think it very probable that the boys when home at the holidays, are constantly running their heads against others affected with this disgusting complaint? The truth is, that all the cases are manufactured in the establishment, though I readily acquit Mr. Lloyd of knowing the process; but I will tell him further that he never will "eradicate" it, with all his skill, or with that of his colleagues to boot,—he may bring all the vegetables in Covent-garden to his assistance, if at the same time the children are fed upon *salt meat and pea soup*.

Tinea capitis is very closely allied in its nature and origin to the disorder called "grease," which affects the heels of the horse, and which may also be produced at pleasure by the same means. Take up a young horse from grass, and give him as many oats (though barley, beans, or peas, would act much quicker) as he will eat, or half as many, and I will stake my veracity that in a very few weeks he will have a plentiful crop of pustules oozing acrid matter from his heels, in consequence of the sudden change from cool food to provender of a heating quality. Should any of your readers have an animal in such a predicament, the best remedy is to diminish his quantity of corn and give him a liberal allowance of bran and carrots; foment his legs frequently with *hot bran tea*, and the cure is soon effected. I have known some veterinary surgeons apply *cold and stimulating remedies* to the legs, by way of drying up the "humour" as they call it; thereby transferring it to the animal's eyes and depriving them of sight instead of letting nature purge the impure blood through the ordinary outlets. This may afford a hint to some pure surgeous in treating diseases of the scalp. By the way, talking of oats, there is no doubt in my mind that the propensity which our northern friends have to a certain "musical" malady is derived from the quality of their food, for the daily use of oatmeal and salt fish would bring out the itch on the tough hide of an elephant. I imagine it is rare to find the same disease in an Irishman who riots on potatoes and buttermilk. I have frequently seen the pig when put up to fatten on barley meal, leave his warm sty and lie down in the snow to cool his heated body, remaining there, apparently insensible to the temperature, until roused to his meal; after which he would occupy his whole time between that and sleep in rubbing his hot and itching hide against the nearest projection. Such are the effects of a sudden change from a low or cool to a high or stimulating diet in producing skin diseases among animals. I have yet another example to mention in the canine species, viz., the *mange*, which is identical with the itch, and is acquired in the same manner, either by contact or by the use of salt food. The mange, however, is most commonly produced by an article called "graves" sold at the grocers for dog's meat.

Having thus stated my views of the nature and cause of the ring-worm in *Christ's Hospital*, I conclude by observing that if Mr. Loyd should doubt the correctness of them, I will offer to take any number of his *worst* cases, and promise to cure them all in A MONTH, or six weeks at the utmost, under liability to the penalty, if I fail, of inoculation with the disease, provided on my succeeding he will consent to undergo the same process. I am, sir, your obedient servant,

WILLIAM MOSS.

Windsor, March 23, 1835.

THE LANCET.

London, Saturday, April 4, 1835.

THE vacancy at the *Hotel Dieu*, caused by the decease of DUPUYTREN, has, as we have already announced, caused the removal of M. ROUX to the *Hotel Dieu* and of M. VELPEAU to *La Charité*. The vacant place at *La Pitié*, quitted by by VELPEAU, has since been conferred on M. BLANDIN. By a decree of the Council Royal, the *chair* left vacant by the death of Baron DUPUYTREN will be submitted to Concours in January 1836. This is as it should be, but we regret to say that M. MANEC has been appointed to the *Hopital des Veneriens*; not that we think him unworthy of the situation, but because the principle of concours, sanctioned by long usage, and advocated by all the present surgeons of the Parisian hospitals, is violated by the event, to the injury of the surgeons of the *Bureau Central*, to whom, in strict justice, the appointment should have been opened.

M. ROUX commenced his clinique at the *Hotel Dieu*, on Thursday week, before a crowded auditory, with a kind of *eloge* on DESAULT, PELLETAN, DUPUYTREN, and himself. We had hoped that the chair which he occupied would have inspired the successor of so many celebrated men with some spirit, but his address was tame, and tiresome, and as unintelligible as during the worst days of *La Charité*. We greatly fear, that the amphitheatre of the clinique of the *Hotel Dieu*, once the first in Europe, and deservedly so, will terminate in a simple show-room for brilliant operations.

THE tranquillity of the College of Surgeons in Ireland presents just now a remarkable contrast with its activity on the return of the "reforming Ministry" to office. It is now evincing those symptoms of collapse which we some time ago predicted would supervene on its extravagant excitement. Placed between two contingencies—environed on either hand by a Scylla and a Charybdis—the expected resumption of power by a liberal government, and the conviction that even Sir ROBERT must become the executioner of their corporate monopoly,—they are held in a state of cruel suspense, and are doing nothing worthy of their former proceedings. But one small job has been attempted (the appointment of Mr. BEATTIE to the Professorship of Midwifery) since Sir CHARLES MANNERS SUTTON was lowered from the head of the Commons and promoted to the tail of the Peers. Even this minor essay was conducted without the accustomed spirit of the body, and miserably failed of its object. A Mr. MAUNSELL occupies the chair vacated by Mr. JOHNSON, and intended for the reception of the corporate candidate, Mr. BEATTIE. Mr. MAUNSELL we understand is chiefly indebted for his success to the *casting* vote of the President, Mr. REED, who we never doubted would perform his duties to the best of his judgment. As a mere question of qualification between these two individuals, the decision of the electors was on the right side. There is one feature in the transaction which places their conduct in a very ambiguous light. Among the candidates, for instance, we find the name of Dr. COLLINS, late Master of the Lying-in-Hospital, an accoucheur in very extensive practice we understand in Dublin. For this gentleman there was not a single vote given by the electors of a body which, holding the *concours* in contempt, make the possession of certain unmeaning testimonials the basis of their method of analysing professional merit, and one of the chief requisites for professional promotion. Here, in fact, is a man invested with all the

passports to patronage save one—with experience as a teacher and practitioner,—with the odour of office, and that of the highest and most lucrative kind in Ireland, still fresh on him; possessed in short of every attribute which these men affect to prize,—who, from not being "one of us,"—not having purchased a diploma from the Royal and impartial College,—consequently had not a single vote! This however is not all. Notwithstanding the improbability of Dr. COLLINS's appointment, still he might have been elected, as he was eligible by the laws of the College; but to do away with even that fractional chance of success, and to render injustice towards him inevitable, a requisition was got up by the parties to obtain a meeting of the College for the enactment of a special law to exclude him from becoming a candidate, as was done on the occasion of Mr. KIRBY's appointment to the Professorship of the Practice of Physic. The iniquitous proposition, however, fell, in this instance, still-born from the hands of the persons to whose depraved conceptions it owed its birth. The few members of the College to whom it was presented for signature, refused the sanction of their names to a project which could only emanate from a body of men who were alone in the last stage of corruption. In the blighting of this scheme, it is, at least, consolatory to observe the utility of throwing the light of publicity on works of selfishness and secrecy.

THE monopolists never sustained a more signal, or a more degrading, defeat, than in the success of the motion of Mr. TOOKE, on the 26th of March, for an address to his Majesty, praying for the institution of a charter for the University of London; and the circumstances were rendered still more painful to them by the fact that the motion was opposed in the most energetic manner by their champion, Sir ROBERT PEEL. How it happened that the Tory Ministers,—that the leader of those Ministers,—could be guilty of the folly of openly opposing such a motion, we are quite at a loss to understand. All that was asked for was a charter which would empower the heads of the University to confer degrees in all the particular faculties excepting those of medicine and divinity; but even the title of "M.A." was obnoxious to the sticklers for the corruptions of our ancient institutions. Surely, however, it was not becoming in Sir ROBERT PEEL to taunt Mr. TOOKE and the Council with having sought to obtain University honours for a *minority* of the students in the Institution, leaving the majority entirely divested of any similar privilege. If the honourable Member for Truro made the exceptions with respect to divinity and medicine, he did it from what he considered to be the *necessity* of the occasion, and resorted not to the omission as a matter of choice. This fact was well known to Sir ROBERT PEEL; yet, with a degree of disingenuousness, which was altogether unworthy of a man of his station and character, he darted on the arithmetical distinction, in order that he might obtain the momentary opportunity of a rhetorical flourish over the arguments and statements of an antagonist in debate. No man knew better than Sir ROBERT PEEL that the English Universities, and many of the medical schools of the metropolis, especially the schools connected with the hospitals, combined, while the application for a charter to the University was under consideration by the Privy Council, in petitioning the Crown against conceding such a grant, even going so far as to appear by counsel in opposition to the prayer of the petition.

The Premier must have felt very hard pressed for efficient objections, ere he re-

sorted to a reference so truly unfair and ungenerous, founded as it was on circumstances of which he himself had long been perfectly cognizant. He knew all that the Halfordian party had done in opposition to the University, and he also knew that *King's College* would have had a charter at least two years ago, *whatever might have been the opposition of the medical schools to any such grant to* THAT *institution*, if it would not have entailed upon the crown the necessity of conferring on the parent institution, the *London University*, corporate privileges which were in every way similar.

It is obvious enough that, in the present state of medical law, it would be wrong to make any partial alteration in the modes of conferring academic medical honours or rights in medical practice. There must be no more partial charges. The evidence which has been collected by the Parliamentary Medical Committee, must necessarily be made the groundwork of all our future legislative proceedings and measures. Whatever, therefore, may be our opinion relative to the very illiberal reference made by Sir ROBERT PEEL to the exception of Mr. TOOKE against medical degrees in the University, both Mr. TOOKE and the Council have acted most wisely in not agitating a subject which could not well be opened without operating injuriously to particular local interests.

With regard to the substantial claims of the University to confer degrees in medicine, it may be unequivocally stated that there is not a medical school in Europe, the medical degrees of which would be held in higher estimation, if the excellence of the establishment be considered as furnishing a title to respect.

It was obvious when the motion was discussed, as well from the tone and manner of the Ministers, as from the language which they employed on the occasion, that the University would obtain neither favour nor justice at their hands, if they had it in their power to thwart the objects of the Council. A confirmation of this supposition, which was generally entertained by the advocates of the motion, is furnished, we think, most indubitably by the reply which the advisers of the Crown have induced his Majesty to make in answer to his "faithful Commons," and which was communicated, as follows, to the House on Wednesday last:—

"His Majesty acquaints his faithful Commons, that having been desirous of giving to this important subject the fullest and most mature consideration, his Majesty referred it, in the course of last year, for examination by the Privy Council, who entered upon an inquiry, the final result of which has not yet been communicated to his Majesty.

"His Majesty assures his faithful Commons, that he will call upon the Privy Council, without delay, for a report of the proceedings adopted in this matter, in order that his Majesty may be enabled to judge what may be the best mode of carrying into effect the wishes of his faithful Commons in respect of a grant of a charter to the University of London, and what may be the conditions with which such a grant ought to be accompanied."

Now it will be recollected that the Address presented to the Crown, prayed that the King would be pleased to grant a Charter to the University, such as was approved by the law officers of the Crown in 1831. Is the answer of the King, then, to that motion a suitable one? There is no reference made in it to the approved Charter, but only to the inquiry which was instituted before the Privy Council last year. Hence, if we mistake not, the "*conditions* with which such a grant *ought to be accompanied*," will be of such a character as will render the charter so *conditioned*, altogether unworthy of the acceptance of the Council. It is to be hoped, however, that within a very brief period the "faithful Commons" will be enabled to exercise an influence and command a power which will prove sufficiently

strong to overcome the intrigues, and neutralize the noxious authority, which monopolists of every grade are still exercising in the great academic institutions of the country.

On Monday, the 23rd of March, the body of William Adams, a lad, 16 years of age, was brought on shore at Barking Creek, in a fishing vessel, in which he had been employed, having, as it was said by those on board, been found dead on the deck on the previous Thursday. A coroner's jury was accordingly summoned, and an inquest held on the body on the following Tuesday, when, without any medical examination of the body having taken place, the jury pronounced a verdict of "Died by the visitation of God;" and the coroner issued a warrant for the interment of the corpse, of which the following is a copy:—

"*Essex.*—To the ministers and churchwardens of the parish of Barking, and all others whom it may concern. I certify that you may lawfully permit the body of William Adams to be buried, and for so doing this is your warrant. Given under my hand, this 24th day of March, 1835.—C. C. Lewis, Coroner."

But the mother of the deceased, a woman in a very humble station of life, residing in the parish of St. Pancras, hastened to Barking on hearing of this proceeding, and insisted on having possession of the body; and on succeeding in her object she had it conveyed to her home in a cart, where it was examined by a highly respectable surgeon and his assistant, who, at her request, gave a short account of the appearances found on dissection, which we here insert:—

"We, the undersigned, hereby certify, that on examining the body of William Adams, we found a wound in the scalp of the forehead above the right eyebrow, attended with extravasation of blood under the integuments, but not penetrating the skull. On opening the head we found a considerable quantity of blood effused at the base of the brain. These injuries in our opinion caused his death. The other organs of the body were in a healthy condition."

Furnished with this document, the poor woman has since been assiduously exerting herself to obtain a further investigation of the case, but her efforts have encountered much opposition, and every difficulty has been thrown in the way of her inquiries. It was first insisted by the authorities, that the body should be buried without delay at Barking, and afterwards she was told that she had no right to insist on its examination. In fact, unless the personal interference of some spirited magistrate be obtained, who will not be deterred, by the empty forms and ceremonies which have been perpetrated in the disposal of the body, from procuring an investigation of the case *de novo*, this will be added to the long catalogue of enormities which have been perpetrated under the careless and uninquisitive jurisdiction of attorney-coroners. The conduct of the coroner in the present case was exceedingly reprehensible, and the only course which the poor woman or her friends can now take, is that of applying, as we have suggested, to some magistrate, who, on hearing her statement, will, unquestionably, consider it to be his duty to send to the vessel in which the body was found, and institute a rigid inquiry among the parties on board, when, should any suspicion arise that the boy lost his life through unfair means, the officer will be prepared to adopt the necessary steps for taking such parties as may appear to be implicated, before the proper authorities for examination. Of course no efficient inquiry can be made except in the smack where the catastrophe occurred.

Some communications have been made to us respecting the Brenchley case, which induce us to postpone, until further inquiry has been made respecting them, the report of the trial.

The Naturalist's Library. Vol. IV. (Ornithology) Part 2. Game Birds. By Sir Wm. Jardine, Bart., F.R.S.E., &c. London: Highley, 1834. pp. 175. Thirty-one coloured plates.

Natural history has taken a remarkable leap amongst the sciences within these few years in this country. As a popular study it is far newer, strange as the fact may appear, than many severer, and seemingly less attractive branches of knowledge; but now that it has once got way amongst us, it will probably carry with it the largest body of students of them all. Our museums have hitherto been ill furnished with specimens of natural history, and access to museums has been essential to the study. But *literature* and *art* are now working double tides in its favour, and the vessel being once under-weigh with those pilots on board, we expect that she will carry more passengers with her than any other craft of them all.

In the work of which the above-cited volume forms a part, everything is accomplished that literary talents and the pictorial art can effect to widen the means of instruction in natural history. Nothing at once so perfect and so cheap has ever fallen under our observation in the field of literature.

The Naturalist's Library. Ichthyology, Vol. I. Fishes; the Perch Family. By Sir Wm. Jardine. London: Highley, 1835. pp. 177. Thirty-six coloured plates.

This is another volume of the work noticed in the preceding article, received since writing the above remarks. It is, to the eye, even a better illustrated volume than the former, probably because the depiction of fishes allows a more decided outline to be given by the engraver. It contains also an interesting memoir of Sir Joseph Banks, as the previous volume does one of Sir Stamford Raffles. The colouring of the plates is admirable for purity and smoothness, although more than a quarter of a million of copies of those plates must pass through the hands of artists before the edition can be ready for publication. All our comparative anatomists should possess this work, as it proceeds, for reference, and to render them familiar with the external appearances of the objects of their study.

Malignant Cholera.—We regret to say that the Asiatic cholera has prevailed for some time back, if not extensively, yet with great violence, in some parts of the south of France, particularly at Marseilles: the force of the disease has now considerably moderated, but the number of deaths has nearly equalled the cures. We take this opportunity of recording the result of the investigation made at Madrid on the pathology of cholera, by Don Joaquin H. Y. Molleras, professor at the Royal College of San Carlos. Our space does not permit us to make a full analysis of his memoir contained in the *Gaceta Médica de Madrid*, No. 26, page 204 and on, but the professor of San Carlos concluded, from examinations and experiments made and observed by him,

1st. That during the cold period of cholera the arterial system contains much less blood than ordinary, and that the deficit is accumulated in the veins.

2nd. That the blood found in all parts of the body has undergone very considerable alteration of its intimate nature.

3rd. That the capillary injections of the stomach, intestines, and other parts of the body, the patches and ecchymoses, are explained by the repletion of the venous system, or by a physical imbibition after death.

4th. That the injections and spots found in the stomach do not prove the existence there of inflammation, but depend on the state of the entire circulating system.

5th. That besides the lesions in the intestinal canal, those in the centre and the principal ramifications of the circulatory system are much more remarkable.

6th. Finally, that amongst the principal lesions of this latter apparatus, a violent irritation of the heart and main arteries deserves an especial consideration.

Ulcerated carcinomatous tumour of half of the tongue, removed with the ligature.

Surgeons are in general too timid in the employment of the ligature, when it is necessary to remove any considerable portion of the tongue. They have an excessive fear of the pain which this process is supposed to cause, but the following case in which the tumour occupied the anterior half of the tongue, and was removed by ligature, by M. Lisfranc, shows, not

only that a large portion of that organ may be so removed without creating much suffering, but, what is still more surprising, without injuring, in any remarkable manner, the articulation of words, or the taste.

Case.—Viel, 40 years of age, was received into the *Hopital de la Pitié*, Paris, on the 4th of January, 1835; his disease, a carcinomatous degeneration of the tongue, resulted from an aphtha, developed six months before, on its point. Having been irritated by stimulants, the aphtha soon degenerated into an ulcer, produced hardening of the surrounding tissues, and at length cancer. The free extremity of the tongue now presented a fungous mass, pierced with ulcerations more or less profound, extending backwards about an inch, and seeming to occupy the whole depth of the tongue; beyond this the tissues appeared healthy. The tumour was the seat of lancinating pains, and it discharged a very fetid sero-purulent fluid. The nature of the disease and the necessity of an operation were clearly indicated. M. Lisfranc determined on the ligature, tightened by the tourniquet of M. Mayor. On the 20th the degenerated mass was embraced in a circle of silver wire, and this was drawn until the parts became blue and livid. The patient suffered very little from this part of the operation: after a few minutes the pain ceased, and only left behind it a kind of benumbed sensation, that was disagreeable but not painful.

On the 21st the tumour had acquired triple its usual size; a great quantity of saliva and secreted matter flowed from the mouth. The patient, although free from any suffering, had not slept during the night. The surface of the tumour was already covered with several eschars, particularly on the points that are fungous, and most distant from the centre. The constriction was now augmented, by turning the tourniquet twice. The apparatus was thus gradually tightened every morning, and on the third day the tumour was covered with a dark mortified crust. Each new constriction of the instrument was followed by a slight pain, but this disappeared in a few minutes. Except the first night he slept well every other. On the tenth day the carcinomatous mass came away and left a healthy-looking wound, which marched rapidly to cicatrization. A few granulations were cauterized with the nitrate of silver. On the 21st of February the patient left the hospital perfectly cured.—*French Med. Gaz.*, No. 13, 1835.

Incomplete Luxation of the Thigh backwards and downwards.—A dislocation of this rare species was lately observed by M. Robert at the *Hopital Cochin*. A workman in a quarry was thrown down on his left thigh by the fall of a mass of stone weighing 300 pounds. On examination the thigh appeared somewhat flexed, and rotated inwards: it was elongated from seven to eight lines. Above and behind the tuberosity of the ischium, the hand distinguished a hard round tumour formed by the head of the femur. The bone was reduced without difficulty, the thigh having been forcibly flexed on the pelvis, and extension practised on its inferior extremity. No accident succeeded the reduction, but the patient died in sixteen days of an inflammation of the pleura caused by a rib fractured during his fall. On examination after death, the muscles surrounding the articulation were found uninjured, except the quadratus femoris, which was torn across at its superior moiety; the capsular ligament was lacerated extensively at its posterior and inferior side; the ligamentum teres was also torn through, and the prolongation over the notch of the edge of the cavity was detached. The luxation could be easily reproduced by flexing the thigh, adducting and rotating it; and then the head of the femur was seen to rest, partly on the inferior posterior edge of cotyloid cavity, and partly on the neighbouring portion of the base of the ischium. —*French Gaz. Med.*, No. 13, 1835.

Instrument for Measuring the Interior Temperature of Organs.—While conducting some experiments on the application of electricity to vegetation, M. Becquerel was naturally led to the study of the most simple phenomena, viz: the calorific effects that constantly take place in vegetables as well as in animals. But in order to investigate them, it was necessary to employ some instrument different from the thermometer, and which would permit the ascertainment of the temperature of any part of an organized body, without producing any lesion capable of altering its vitality. The apparatus invented by M. Becquerel for this purpose, consists in little sounds, or needles, of two metals, placed in communication by an excellent *galvanometer*. The needles are introduced into any organ of the body by the process of acupuncture, and the temperature is determined by the intensity of the thermo-electric current produced. —*French Gaz. Med.*, March 28th.

DENTITION IN OLD AGE.—The records of medicine contain several examples of persons cutting teeth at a very late period of life. Thus HILDEBRAND (*Anatomica*) mentions the case of Maria Hord, who cut twelve new back teeth at the age of 97: and HUFELAND records the still more remarkable case of an old man of 116 who cut eight new teeth at that period of his life. The following case, reported by a physician at Berlin, deserves also to be recorded:—A lady, 54 years of age, who had lost the four lower incisors, had them replaced by as many artificial teeth, in one piece: after a lapse of five months, to her great astonishment, she remarked that the artificial teeth began to ascend, and in a short space of time visibly passed the level of the rest of the range. As the deformity became very evident, and the motions of the jaw were impeded, M. KNEISEL was called in, and discovered the cause in the formation of two new middle incisors: in a short time the two external incisors of the lower law made their appearance, and after a lapse of two years she cut the right large incisor of the upper jaw.—*Berlin Gazette*, No. 5.

OBLITERATION OF THE VENTRAL AORTA.—At the last meeting of the *Society of Medical Observation*, Paris, M. LOUIS presented a case of complete obliteration of the ventral aorta. The patient died at the *Hopital de la Pitié*, of pulmonary disease; and no great change could be observed in the temperature or external appearance of the lower extremities, although minute examination did not show any collateral branches of note by which the circulation could have been continued to the popliteal arteries. The femoral was obliterated during the greater part of its course.

INTERCEPTED LETTERS.

"DR. DOCTOR SEYMOUR,—There are several matters which I wish you to arrange, and you must make no excuse for delay in their execution, satisfied as I am that attention to my business is a much more legitimate mode of expending your time than talking and gossiping in the Board-room of *St. George's* with a parcel of underlings, or writing trash in the Gazette. You must exert yourself in going the round of the Licentiates as well as the Fellows, to procure papers to be read at the College meetings, as in these times of alarm and danger every nerve must be strained to give a scientific aspect to the College; and you may explain to all those Licentiates who seem inclined to give us support, that we don't wish any elaborate memoirs; the more superficial the papers the better, and they ought to be on subjects which every one can understand. Unless I had the death of some illustrious personage to form the ground-work of an oration, there is, unfortunately, nothing that I could write upon myself; but it strikes me that if you could induce the Lambeth doctor to give us a sketch of the case of the illustrious lady which has of late so much attracted the female public, it would be particularly well calculated to interest the *Dowagers* that attend our meetings. It should be drawn up without delay, although it was a false alarm, notwithstanding the statements of CLARKE. I should like also much to bring before the College some observations on the homœopathic system, in order to expose the quacks connected with it. I observe that this subject has been frequently noticed in other quarters, and it would be wise, therefore, for us to embrace an opportunity of showing our ardent desire for the suppression of quackery; besides, a more favourable opportunity of discussing the subject than in this illustrious case could hardly occur. It might be brought forward at some future period to the injury of our College, that we permitted the seeds of homœopathy to be sown in the palace of the Sovereign without attempting to root them out. Moreover, ever since the visit of the illustrious personage to Germany,* she has never once asked for one of my prescriptions, and it is a serious matter for the profession generally that its head should be excluded from the sick-chambers of the Court. Indeed, had the illustrious personage been under judicious treatment, matters might have turned out very differently, in her late case.

"By-the-by, I am particularly anxious to get every information relative to the London University and King's College, and as there is a fearful difference between the numbers in their classes, please to ferret out how this is to be explained.

"Yours faithfully,
"H. H."

"DEAR SIR HENRY,—You must know how ready I am at all times to do any thing and every thing you desire me. I have, in fact, worked hard for papers, but

* "Sir ASTLEY made a capital pun the other day on this term. 'What is the difference (said he, in his sly way) between homœopathy and Dr. MACLEOD's editorship?' 'Why the one is *no-man-ism*, and the other is *no-woman-ism*—nor no-woman-ism either,' added Sir ASTLEY, laughing heartily at the hit."—H. H.

I find a great unwillingness to supply them on either side of the House. You know, as well as I do, how few of the Fellows can write English, and those Licentiates who are able, do not like to come forward at this moment. I pressed Sir CHARLES very hard for the illustrious case. He was flattered by the application, evidently, and he no doubt would be too happy to come forward on any royal occasion if he dared; but he desired me to express to you, not only that the delicacy of the subject was a sufficient reason for a non-compliance with your request; but that as a sworn officer of the household he is bound not to reveal, in detail, what passes within the Palace, where he is supposed to have neither eyes, ears, nor tongue. Indeed, he informed me of what I was not before aware, that you yourself, my dear friend, during the last illness of GEORGE the Fourth, by communicating to our MACLEOD some of the secrets at Windsor, absolutely exposed yourself to legal punishment; and, as our Lambeth friend very properly observed, though you, from your high position, escaped the law, yet his comparatively humble grade would have rendered him liable to punishment. I have discovered (of course through another channel) that such were the happy prospects of the country, that a communication was made to the Premier on the subject, and had the anticipated event been realized, it would have been introduced in the King's speech. Fortunately, however, the *truth* was known in time, and little would have been thought of the affair had not a near relation of the Premier gone to Crockford's and Tattersall's, and made bets on the result.

"The homœopathic doctor, of whom you desired me to inquire, I find is not worth our notice, and the less we say about him and his millionth-part-of-a-grain pills the better for our College. His mother kept a house of great *notoriety* in Edinburgh, of which I used to hear much during my studies there. These homœopathists will do more harm amongst us than any other class of quacks possibly can. The University of London has, I find, this year,—you will be shocked when I tell you,—no less than three hundred and seventy-five medical students; whilst the number at King's College, I fear, don't amount to sixty. There are already 108 students at the Hospital.

"I shall be at all times proud of attending to your further commands, and beg you to believe me,

"Yours respectfully, S."

GRAND VETERINARY DINNER.

THE great festival dinner so long announced to be given to Mr. COLEMAN, the celebrated Professor of Veterinary Medicine,—in honour of the distinguished compliment paid to him by his pupils in the presentation, to the professor, of his own bust, executed in marble, in the first style of the art, by the renowned SEVIER, at a cost of two thousand guineas,—has at length been held. On this occasion the students of the Veterinary College, and vast numbers of the subscribers, assembled in the grand Theatre of that Institution at one o'clock, the hour expressly appointed for presenting the bust to the distinguished professor, in order to suit the leisure of several eminent physicians and surgeons at the west end, that being the only hour in the day which, it was ascertained, they could devote to public duties. The presentation devolved on Mr. SEWELL, the able assistant and successor of Mr. COLEMAN, and the gratifying task was performed with a most appropriate, emphatic, and eloquent address.

The meeting having separated, a reunion of the learned and brilliant assemblage took place at six o'clock, at the *Freemason's Tavern*, where an elegant dinner had been prepared; Mr. Assistant SEWELL being unanimously called to the chair, and Mr. JAMES TURNER, one of our most celebrated practical veterinarians, acting as Vice-president. Besides the students of the College and the subscribers who had previously met, there were present many other of the patrons and supporters of the Institution, amongst whom we had the pleasure of noticing Sir JAMES MACGREGOR, Director General of the Army Medical Board; Sir CHARLES MANSFIELD CLARKE, Physician-Accoucheur to the Queen; Drs. BRIGHT and PARIS, and Messrs. SMITH, GREEN, MAYO, COOPER, JENKINS, TOMKINS, and WILLIAMS, and numerous other distinguished characters, whom it would be impossible here to enumerate without almost literally reprinting the BLUE BOOK and COURT GUIDE. After the cloth had been removed,

The CHAIRMAN rose and proposed the health of Mr. COLEMAN, as one who was justly esteemed as the Father of British Veterinary science. (*Great cheering.*) He (the chairman) felt the highest gratification on this occasion,—the celebration of an event which must be delightful and interesting to all who were present, and he justly observed, that the deeds of fame achieved by Professor COLEMAN in the Veterinary College, would last

longer than the block of marble which it had been his good fortune that day to present to the worthy and celebrated parent of the Institution! (*Hear, hear.*) Bereft as he (the chairman) had been of an early education, yet he flattered himself that his time had not been mispent, and that in following Mr. COLEMAN's footsteps, he (the chairman) had, on not a few occasions, not only meritoriously crossed his (Mr. C.'s) path, but even walked before him, much as he (Mr. COLEMAN) had done for the science. "I have made discoveries (continued the worthy chairman) which, if not more important, at least are of equal value with his; and if the government of the country had not changed, as it has been, in all the public services, my efforts might have been rewarded as liberally as those of the eminent professor. (*Cheers.*) During a long period of active employment I have been fortunate enough to discover a cure for glanders. I also invented the nerve operation, of the importance of which you are all aware. (*Hear, hear.*) Of its advantages to dealers in horses I have the most ample testimonials, as those gentlemen have been enabled by it to sell many unsound animals, and yet fully warrant them. (*Laughter.*) On my visit to the continental schools, I achieved a great benefit for the profession in general, for though I was ignorant both of the French and German languages, my printed Report is the only authentic document we yet possess; and of that I have received the most ample and satisfactory certificates. But I beg pardon for this digression regarding myself." (*Cheers.*) Here the worthy chairman became so much agitated that we could not distinctly catch the remainder of his sentences.)

Professor COLEMAN then rose, amidst enthusiastic cheers (Mr. B. Cooper's "one cheer more" was *electrical*), and returned thanks for the honour conferred upon him on this occasion. "I shall ever (observed the learned professor) remember this day as one of the happiest of a long and well-spent life; as long as the vital spark remains, I shall be filled with gratitude for the honour this day conferred upon me, and I shall ever contemplate with unceasing delight the beautiful bust of myself, bestowed upon me; and when it pleases Heaven to remove me to that home whence no Professor of Veterinary Medicine ever returns, I shall bequeath this bust to the Veterinary College, where I have no doubt a proper and fit place will be assigned to it, and where it will be the means, along with my own contributions to science, of ensuring to me a lasting, I may say an imperishable, fame. (*Great cheering.*) The veterinary profession has undergone great changes since I began my career in it, and I am proud indeed to think that I have been the chief means of enveloping it in a scientific garb, and giving it importance in these happy realms. Originally educated as a surgeon, I was, with but little preparation, induced to become the professor of the Veterinary College. Such however was then the low state of veterinary medicine, that I soon acquired sufficient knowledge to be able to write a book—a quarto work on the Foot of the Horse, illuminated with coloured engravings. This at once brought my endeavours and talents into notice: pupils flocked to the College from all parts of the United Kingdom, and from them I happily received those large sums of money which were essential to render me eminent as a man of science,—a scheme which was fortunately aided, also, by the lucrative appointment created for me under the name of *Veterinary Surgeon in Chief to the Army.* (*Hear, hear, hear.*) Thus it is that powerful and generous administrations work amazing good, until destructive reformers arise, and sweep the power of such appointments out of their hands. Such a distribution of the public funds should always be permitted to men in power; for where, for instance, should I have been, and where would veterinary medicine have been, nay, gentlemen, where would medicine itself have been, but for the excellent but much-abused system of nepotism and monopoly? But I was even more lucky than this; for in addition to it, I succeeded, by my late friend Mr. Percivall's assistance (who got a similar appointment to my own in the Ordnance), in obtaining, with that gentleman, a fair, just, and equitable contract for supplying the medicines for the whole of the cavalry horses, which contract I have the satisfaction to hold to this day. (*Hear, hear.*) To me it has been more lucrative than it might have been to others, because I could avail myself of every opportunity to impress on the minds of the young veterinarians in the College, the high impropriety of ever using expensive medicines. I also contrived to secure to myself the patronage of all the veterinary appointments in the army. The advantages which also accrued to me from that patronage, were not only very gratifying but very great; and all tended to the promotion of veterinary science; for my knowledge and character for veterinary knowledge became so notorious, that I also contrived to have the *passing* of all cavalry horses, in connexion with my late respected and much lamented friend General Hamilton, and that distinguished officer, General Bolton; and had it not been for Marsden, the horse-dealer's bankruptcy,

and Mr. Spark's assigneeship, that important service might have been still preserved in my hands, to the advantage of the nation as well as to my own. (*Cheers.*) These great opportunities which have been afforded me of elevating the condition and character of the profession, as well as my various duties as lecturer at Woolwich, together with the great practice which I have long been engaged in, have afforded me opportunities of accumulating information and facts, which, though I have never yet communicated them, I still hope to lay before the public before I die; I at one time had the idea of making my *patent* horseshoes benefit myself and my family, but those patents were complete failures, so that the public were benefited by them at my expense. Again sincerely thanking you for the honour you have done me in the presentation of that remarkable bust, and the invitation to this sumptuous dinner, I beg leave to propose the health of Sir James MacGregor, Baronet, and Director-General of the Army Medical Board."

Sir JAMES MACGREGOR returned thanks, and after making some highly complimentary remarks on Mr. Coleman, for the essential services which the British cavalry, as well as veterinary science, had derived from his talents, industry, and liberality, observed how gratifying it must be to the numerous eminent characters around, to see a man before them who was indebted to nothing but his own good conduct for the elevated position which he now held. It might not be inappropriate in him (Sir James) to class his own position at the head of the Army Medical Board with the position of him who was at the head of the Veterinary Department of the British army, for what could the great Wellington have done if his men and his horses had not been equally sound? (*Cheers.*)

The CHAIRMAN next proposed the health of Sir Charles Mansfield Clarke, and the Physician-Accoucheurs of the metropolis.

Sir C. M. CLARKE rose, when the applause had subsided, and having returned thanks, eloquently spoke as follows:—"Though this, gentlemen, is a busy time of the year for me, yet I had great pleasure in accepting the invitation to the dinner. We all derive much comfort and luxury from sound horses, and had it not been for the talented individual whom we have this day assembled to meet, we might have had very different animals in our stables. I have often had cause to regret my want of knowledge both of horses and horsemanship; for, born, as I was, within the sound of Bow-bells, and of an humble and unambitious family, I had not the advantage of learning to ride. In fact, I remember on one occasion being nearly killed in consequence of mounting my horse without first taking hold of the bridle, having trusted to a boy at its head to keep the animal still. (*Surprise.*) Being fond of the air, I used at one time to drive a good deal in a phaeton, and was once horribly overturned, getting a terrible fall, when an unfeeling man who was standing by, in the place of helping me out of my difficulties, exclaimed, 'Doctor, I am sorry to see you have had a *mis-carriage!*' *(Roars of laughter.)* Gentlemen, you will all naturally enough be anxious that I should make some allusion on this occasion to a case which has excited great interest amongst the men in the political world, and amongst females in all circles. By the earnest endeavours of the first and best husband in this fertile kingdom, the nation's hopes had been raised to the highest pitch, and I can tell you that it was no *false alarm*, as some of you old soldiers would call it. You all know enough of the medical art to be aware of the difficulty, and even the impossibility, of deciding in such cases, but this I know, that I had sufficient grounds to go upon. You will not press me to make farther disclosures, but allow me to drink health and vigour to every man of you. (*Cheers.*)

The CHAIRMAN now proposed the health of the President and Fellows of the Royal College of Physicians.

Dr. PARIS returned thanks in the name of the Fellows, and expressed much satisfaction at the prospect of the new Government using its best endeavours to preserve the venerable and blessed institutions under which the country had so long prospered, and he hoped that the system of levelling and reducing the high profession to which he had the honour to belong, into one grade, would fall to the ground. For the great and salutary stop which had been put to medical changes, they were deeply indebted to Sir Henry Halford, a man whose high moral character and classical endowments had elevated him to the loftiest pinnacle of scientific, literary, and professional fame. In fact, if they were to believe Sir Henry's own professions, and he (Dr. P.) thought it was only common courtesy to do so, no man stood higher in the kingdom. Sir Henry had also a great wish to uphold the respectability of the veterinary profession, and if they would only rely on his promises, he would be sure to do a great deal for them. (*Hear, hear.*)

On the health of the President and Council of the Royal College of Surgeons being drunk,

Mr. B. COOPER rose and addressed the

assembly at some length. "On account," he observed, "of my illustrious uncle's indisposition, he has sent me here to apologize for his absence, and to assure the eminent individual, Mr. Coleman, that it is with deep and unfeigned regret he has been compelled to absent himself. Sir Astley and Mr. Coleman were educated under the same roof, that of the renowned Mr. Cline, and though, from circumstances, their pursuits changed, yet an unaltered friendship has continued between them, and Sir Astley often talks with great delight of their boyish tricks. It is gratifying to see two such eminent men pursuing, to the last days of their lives, scientific researches with the same unabating zeal. My beloved uncle, in fact, is just as zealous as he was thirty years ago, in getting up another quarto with coloured plates. (*Cheers.*) He has ever shown the greatest interest in veterinary science, and has always been fond of the *dumb* animals, as he calls them. Amongst other agricultural pursuits, such is the worthy Baronet's skill in horses, that he has long been in the habit of purchasing scores of them, after the London season is over, and the animals have been worked down to skeletons, then sending them to his farm at Hemel Hempstead, and afterwards bringing them fat and fresh to the hammer in town again, and perhaps doing one of his patients the favour of selling him a pair at a just and remunerating price, with a certificate of their soundness. Before sitting down, allow me to propose the health of our worthy *vice*, and prosperity to veterinary medicine.

Mr. TURNER rose on the occasion, and after making some very appropriate observations on the advantage of the science, with becoming modesty alluded to his own good fortune in having discovered the true cause of the coffin-joint lameness, and of the necessity and circumspection requisite in detecting the approach of the disease, to enable it to be cured.

Mr. MAYO, with some humour and much feeling, proposed "Perpetuity to the Bust of Professor Coleman." (*We report verbatim.*) As a family man, a husband, and a father, the Professor was unrivalled.

Mr. BRANSBY COOPER seized these points, spoke of them in his own way, and proposed, with the utmost enthusiasm, "Professor Coleman's daughters and their husbands."

Let no man think we joke. Mistrusting that our report of what passed on the reception and acknowledgment of this animating toast may be credited, we transcribe, *literatim, verbatim, et punctuatim*, the following account from the official report of the dinner, at page 233 of the *Veterinarian* for April: — "It was delightful to see the sons-in-law contending who first should return thanks for this toast; and each did speak, and each spoke well, for each spoke from the heart. It was one of those few occasions in which the virtues and the bliss of domestic life might, without intrusion and without profaneness, be depicted in a public assembly. Let those who are happiest at home imagine how they would have felt, and what they would have said, and they will have a not incorrect version of the replies to this toast." We conclude our report by aid of the same account whence the foregoing passage is extracted.

"The health of the Committee was now proposed; and Mr. SIBBALD returned thanks.

"The chairman having *retired*, Mr. Spooner was called to the chair. In proposing his first toast, 'The Veterinary Profession,'* he gave an interesting sketch of the rise and progress of the art; and proved that it was now founded on those principles, and had made that rapid advance which assured us, that it would, at no great distance of time, assume its due and proper place amidst the sciences most intimately connected with the cause of humanity and the prosperity of the country.

"One or two *omissions*, perhaps, should be glanced at, which were excusable enough in the agitation and pleasure of the moment. The health of the Treasurer was not drunk, who could have told us of the distribution of the money collected, and the cost of the bust, and many little particulars that would have been interesting. The Secretary was also forgotten, who, discharging the labours of his office so assiduously as he had done, had not, doubtless, forgotten to come prepared with a history of the rise and progress and consummation of the whole affair; and the recital of which would have done every heart good. These omissions, perhaps, may be repaired. "The Veterinary Profession" should not have been left to the second chairman at a late hour: but *the spell of the day* (*Oh!*) is not yet broken, and we are silent.

"Pleasure and harmony afterwards continued to prevail, and were prolonged, we are not ashamed to say, on such an occasion, until almost the morning's dawn."

* Here we suppose the room spun round, and *the business of the meeting* began over again. ("As the world goes round, gentlemen, all things will happen once more."—*Lecture of a celebrated German metaphysician.*)

FORCIBLE SURGERY.

To the Editor of THE LANCET.

SIR,—Having seen an account of the Brenchley case in THE LANCET, I am induced to send you the following for insertion, if worthy of it:—

About three years ago an elderly man came to me with dislocation of the shoulder-joint; the head of the humerus was forced under the pectoral muscle, by an accident which occurred a month before I saw him, and he was very anxious to have it reduced. Accordingly, on the following day, I proceeded to his house to attempt a cure; and having gotten the head of the humerus into the axilla, at the moment when I thought the limb sufficiently extended to move it up into the socket, I gave a sign to have the string of the pulley cut, which was done, but I failed to effect the reduction. On this, the man, who had before besought and entreated me to let him go, jumped up from the chair, and swore I should not touch him again. However, I engaged him in argument for a few seconds until my brother, who was assisting me, had tied a knot in the rope, when we compelled him, by force, to sit down again, and began to pull away. On this he became very loud and abusive in his language, and declared that we should not proceed with the operation, declaring that we should be the death of him, and frequently calling on his wife to witness that we were murdering him. However, I did not mind all this, but persevered, and on the second attempt succeeded in effecting the reduction. The case ultimately did very well, and the man recovered the use of his limb. Now, as it happened, the end of this was all very pleasant, for he got well, and was satisfied and thankful for what had been done for him; and he often afterwards told me how glad he was that I did not attend to his "crying out." But had I failed in the reduction, I suppose it is possible that I might have been had up and punished for an assault,—a very disagreeable mode of remuneration. If I had not succeeded, and the man had died from inflammation, brought on by the straining of the limb, might I not have been convicted of manslaughter, in consequence of the employment of "unlawful violence," exerted against his consent, and by main force, in the second attempt?

I remain, sir, your obedient servant,
Swansea, March 27th, 1835. G. G. BIRD.

*** It was, probably, fortunate for Mr. BIRD that his scientific exertions for the benefit of the patient ended successfully. At all events, the judicial proceedings in the Brenchley case will, without the employment of any arguments on our part, indicate to Mr. BIRD, and to all other practitioners, the impropriety of coercing patients into a submission to their will, as operators, unless delay would be attended with the most imminent risk to the life of the parties who are subjected to force.—ED. L.

ABUSES UNDER THE

ARMY MEDICAL BOARD.

To the Editor of THE LANCET.

SIR,—My attention has been drawn to the subject upon which I now address you, by a letter in THE LANCET signed "Veritas," and dated the 19th ultimo.

Will you permit me to ask the Baronet Doctor how it happens that the late surgeon of the 19th Regiment of Foot has been able to obtain the commutation of half-pay, intended, I believe, only for deserving officers whose circumstances might render their acceptance of it a boon for past and efficient services? That individual, if I am rightly informed, had charges of a most grave nature preferred against him in the West Indies. In what manner he has been able to evade meeting them is a mystery, but his being a native of Aberdeen will at once explain this mystery away. Now, Sir, there is a monstrous difference between an accused officer being allowed to creep out of the King's service with this advantage, and that of a deserving officer, against whom no charge, direct or implied, could be urged, being forced out of that service by a course of oppression. I allude to the case of the late staff-surgeon Bruce, a gentleman whom I know only by character and name,—an officer who had served many years in the West Indies, America, and on the Continent, with great satisfaction to his superiors and credit to himself, who shared in the dangers and perils of several campaigns, and was superseded by the very Dr. Murray of St. Andrew's notoriety in France, when Mr. B. was ordered home, and placed on half-pay, and the St. Andrew's Doctor, who bore none of the fatigues at Waterloo, was his successor. Because why? The Doctor was a Scotchman!

Mr. Bruce, I am informed, was an ar-

dent adherent of the military medical profession, and remained in London two years on half-pay after the peace in 1815, begging employment, without being attended to, in the plenitude of youth and vigour. Despising an idle life, he was induced to enter into private practice in Yorkshire; he had not long been there, when a series of tantalizing commands to appear in person in London, attended with considerable expense to him, were commenced and continued, without one of them ever being acted upon, until he had been seventeen years on half pay, and had nearly arrived at the age which prevented his employment. In the month of September 1832 he received an order to proceed forthwith to the West Indies, a station against which he had no prejudice. His wife at the time having been confined only a few days, and then exceedingly ill, her indisposition was considerably augmented by this unexpected command. This gentleman applied, through the Medical Board, for leave of absence for three months, to settle his private and professional affairs, complex from long residence, with a wife and four children to provide for; this application was refused, and he felt himself *compelled*, under the pressure of his circumstances, to accept the trifling commutation awarded him, it being absolutely forced upon him, although the ship in which he was ordered to embark did not sail from England until the latter end of the month of January following, showing that it was not the urgencies of the service which either demanded or required the sacrifice he was compelled to adopt, but a prejudice on the part of the Baronet Doctor. Because why? Mr. Bruce was *not an Aberdeen Dub!*

These are grievances indeed, and, contemptible as the Baronet-Fellow of the College must be in the eyes of every unprejudiced mind, yet the injury inflicted is grievous. Such acts of tyranny and oppression will, I hope, meet with due consideration from you, Mr. Editor, in Parliament. The eyes of the profession in general are upon you. Recollect that you have promised much, and there is no greater field for the exercise of your talents under a reformed Parliament, than a thorough cleansing of the Augean stable in Berkley-street.

Your obedient servant,

ISADAS.

March 19, 1835.

We thought a *Subscriber* alluded to St. George's in the West instead of in the East. The Eastern documents are not forgotten.

ST. GEORGE'S HOSPITAL.

INJURY OF THE HIP-JOINT.

WM. HUFF was admitted into Drummond Ward, under the care of Sir BENJAMIN BRODIE. He states, that six weeks since he met with a fall, by which he injured and severely sprained the right ankle-joint; he felt but little comparative uneasiness at the time, and it was only about a fortnight since that he first felt any uneasiness or pain in the hip of the same side, and for the relief of which he now came into the hospital. He was thoroughly purged to begin with, and on the 10th of November Sir B. BRODIE first saw him. On examining the right hip, there was found to be a general superficial swelling around the joint, both anteriorly and externally. Pressure over the inguinal region of the same side gave pain, and there was pain experienced on rotating the joint outward, whether the knee was flexed or not, or when the limb was drawn downwards and outwards, both of these motions tending to place the synovial membrane on the stretch. Pressure on the great trochanter, or pressure of the head of the femur into the acetabulum, gave no pain. The man had been cupped at the back of the joint, and in consequence of the tenderness over the groin, Sir BENJAMIN ordered leeches to be applied, and the calomel and opium which the house surgeon had given him to be continued,—the case appearing to be simply one of inflammation of the parts surrounding the joint.

Nov. 17. On visiting him to-day, the man seemed a great deal better in every respect, and complained of no pain whatever. The anterior surface of the inguinal region was still swollen and puffy, whereupon Sir BENJAMIN examined it very carefully, and thought he could discover deep indistinct fluctuation. To make sure, a grooved needle was plunged in at the point where the matter seemed most to present, and a few drops of pus, mixed with blood, came to the surface. The existence of an abscess being thus proved, a scalpel was plunged as deep as the blade would allow, and a large quantity of bloody pus immediately escaped. Not finding this opening sufficient, Sir B. BRODIE laid the abscess completely open by a crucial incision, dividing the fibres of the tensor vaginæ femoris muscle. Warm fomentation-cloths were ordered to be applied, and, afterwards, a large linseed-meal poultice. Sir BENJAMIN then remarked, that he did not know whether this deep-seated abscess was connected

with the joint, or depended on the presence of diseased bone at the bottom, or was merely situated among the muscles. In cases such as these, the way to detect the presence of deep-seated matter under the skin was not to press alternately with both hands, but to lay one hand pretty firmly upon the part, whilst with the other you made pressure, and if then you felt a rising up through the integument under the hand that was steadied, your diagnosis of an abscess being present would be pretty nearly sure.

28. The matter discharges very freely, but is not of so thick a consistence. A coagulum of blood, which stopped up the opening of the wound, was removed after our last report, and none has appeared since. Sir B. BRODIE remarked that it was necessary in all such cases of deep abscess as this, that a free opening should be made, or otherwise the matter might burrow deep under the fascia leading down the muscles. He had known cases of abscess forming about the hip, and, from the above circumstance, present themselves at the knee. The man's countenance is pale and anxious, but his general health does not appear to suffer much from the profuse discharge at present.

Dec. 1. Much the same; the discharge is not so profuse as at first. He was ordered to take *Sulphatis Quininæ* gr. iij; *Acid. Nitric. Dilut.* ɱxv; *Aq. Distillat.* ℥iss. M. Fiat haust. ter quotidie sumend.

5. On examining the abscess to-day the surgeon introduced a probe to ascertain its depth, and on the house-surgeon alluding to the probability of its burrowing upwards towards the ilium, a metallic sound was passed upward, and a sinus discovered leading up to a portion of dead and exposed bone at the posterior surface of the superior ridge of the ilium, about midway between the anterior superior surface of that bone and the sacrum. An incision was made with a scalpel down upon this spot, in order that the matter formed might run out freely through both ends of the sinus.

9. Matter freely discharging through both openings. Perstet.

He continued improving from this time. Bark and cascarilla were given him, and he was ordered full diet, under which "board-room regimen" he recovered perfectly.

INJURY OF THE FORE-ARM.—A young woman was admitted some months back with an enlargement of the right fore-arm, and there were several sinuses leading down to what Sir BENJAMIN believed to be dead bone. As the patient's constitution was unhealthy, medicines were given her to restore its tone and vigour. A poultice was applied over the whole arm, and the limb was ordered to be kept in a state of perfect repose. These directions were followed, and the arm was occasionally probed, but the surgeon was not certain which of the two bones was diseased, the radius or the ulna. Sarsaparilla was given her, under which the swelling of the limb was *said* to have diminished. Things, however, seemed to remain in *statu quo* until a few days since, when the woman was brought into the operating theatre to have the diseased bone (whichever it might turn out to be) trephined. The ulna was first cut down upon, and the periosteum scraped off, but no dead bone could be detected; the arm was then turned round and the radius was served in the same manner, and with a similar result. The woman was then sent back to bed, the operator remarking that it was a rule in his (Sir B. BRODIE's) practice, where he could do no good, to do no harm, and begging the gentlemen present to observe how proper was the observance of the rule in the case which he had just sent out of the theatre after the two scrapings. A few days afterwards he observed, that in such a case, the best thing that could be done would be to apply a bandage over the limb and keep it at rest; that the patient would every now and then have an attack of pain, for which she might come into the hospital again and *be relieved*. The radius was very difficult to reach, and he did not know what harm he might do the nerves and bloodvessels in endeavouring to get at it.

ONE-O'CLOCK CLINIQUE.

LITHOTRIPSY.—A French surgeon, who was going round the wards a few weeks since, and who was astonished to find that lithotrity had not yet made its way into the practice of the hospital surgeons, having remarked on the commonness of the operation in Paris, Sir B. BRODIE observed that one great advantage of lithotripsy over lithotomy consisted in the circumstance that the former operation did not frighten patients so much as the latter, and they therefore more readily yielded to it, and at an earlier period of the disease. The dangers attendant on it were certainly not so great, nevertheless all cases in which it had been performed did not do well; some inflammation of the bladder generally followed. With respect to the instruments employed, he be-

lieved that Mr. WEISS's calculo-fractor with the screw was quite as good an instrument as the one invented and used by M. HEURTELOUP. The management of such instruments required very great nicety and lightness of hand. Rough usage might drive them through the bladder, an accident which he had known to happen in one case. A gentleman here remarked, that Mr. ATTENBURY, of Northampton, had lately performed lithotripsy in a case where the stone was not very large, and the patient did well for a week, but was afterwards seized with symptoms of inflammation of the bladder, and died. Mr. OLDKNOW had also performed the operation, but with a similar unfortunate result.

ABSCESSES.—It is a circumstance not noticed in surgery, says Sir BENJAMIN, that when an abscess is opened, but not sufficiently so as to allow of a free discharge of its contents, the constant presence of matter within keeps it in a constant state of suppuration.

RUSTY STILETTES.—"What did you take the stilette out of the catheter for?" asked the eminent Baronet of one of his patients. "Because I was afraid of its becoming rusty," was the answer. "Nonsense; rusty; that would do it no harm." "But I did not know that, sir." "Well, remember now, you, sir, never take the stilette out of the catheter again. A rusty stilette does no harm, indeed it may do a great deal of good, for it will preserve its form better, and will not slip in and out of the catheter so easily. I make these remarks to the patient, but I mean them equally for your ears, gentlemen."

FRACTURE APPARATUS.—A case of very oblique fracture of the tibia was in the house a short time since, which had been put up in Mr. AMESBURY'S fracture apparatus. On coming to the patient's bedside, Sir BENJAMIN remarked that the apparatus was very complicated, and he did not see in what respect it was to be preferred to every other one in use. He had known Mr. AMESBURY to be upwards of an hour in applying it. In common cases of fracture he believed that there was nothing better than putting up the limb in common junks, such as had always been used in the hospital. "I can remember as far back as when I was assistant surgeon to the hospital (he continued) that we used these same junks. We have tried many and various plans since, but none have answered, comparatively speaking, so well as these. Of course, in extreme cases you must adopt that plan which the general symptoms of the case more particularly demand. You may use the double or the single inclined plane in these cases, although I believe that sometimes these latter modes of treatment tend rather to separate the fractured ends of the bone from each other than otherwise."

SCIATICA.—"This is a disease which frequently resists our best efforts to cure it. In the acute form I generally prescribe cupping near the affected part, combined with diaphoretics, internally; but in the chronic form, such as in this case, I generally give the carbonate of iron. This man has been taking it in 3ss doses, with very good effect." A question here arose as to the assimilation of sciatica with tic douloureux, in reference to which it was remarked that tic douloureux was a disease which frequently went away of its own accord, whatever remedies might be used; and the case of a nobleman was instanced, for whose relief a variety of remedies was employed, the affection afterwards subsiding of itself.

IRREDUCIBLE HERNIÆ.—This man, gentleman, said Sir BENJAMIN, has an irreducible hernia of the right side, which has been down for some time past. He came to my house some weeks since, and I found that he had been under the care of Mr. WHITE of the *Westminster Hospital*, but nothing I believe of any importance was there done for him. I told him that if he came to *St. George's*, I would see what I could do for him. He has been in bed here for some days, and I find that I can now reduce the hernia much more easily than I could when he first came to me; the bowel can be returned, but I do not think that it goes up much beyond the external abdominal ring, behind the tendon of the external oblique, where I feel a thickening, which most probably may arise from adherent omentum. Many cases of seemingly irreducible herniæ may be made reducible by compelling the patient to lie on his back in bed for some time. The reduction takes place in two ways—first from the protruded parts retiring completely again within the abdomen, and, secondly, from the internal disposition of the peritoneal sac to retract and resume its original situation and functions.

COLLOQUOMNIUM.—"What is your number?"—"126, sir." "That can't be. Whose patient are you?"—"Dr. Bobbington's, sir?" "My name is not Bobbington, but Babbingn; remember that; *Bab.*"—"Yes, sir, Dr. to *Bab.*" Oh, get out, you stupid fool."

"Well now, Mike, honey, didn't the gintleman say his name was *Bob*?"—"Yes, sure, Betsy darlint, he did." "Where's Mr. Bagshaw?" "Here's Sir B. Brodie." "Out of the way, you sir; put a blister on your foot to-night, and walk here to-morrow morning. Well, you are better?"—"Oh no, my cough is very bad, and all night long I am in a persfiration."—"Thadey, ye little divil, if ye don't lie still while the Docthor's spaking to you, I'll give you a precious smack." "Ah! yes, counter-irritation is of great service in these cases. Gentlemen, here is a case of *psoriasis difficultocurea*, which is no better than when the patient first came here. Well, you must either go on, or come into the house and let us see what can be done for you under the roof." "I say, Keate's in a devil of a rage, blowing up the old nurses like blazes. Come I say, you sir." "I beg your pardon, your honour." "Hold up your leg; how can I strap it if I don't reach it?" "How are ye, Good; how is Sir Watkin?"—"Much better, sir, no return whatever of hemorrhage." "Och, hubbaboo, hubbaboo! Och, body and sleeves, how I wish I was away from this; Och, how you hurts; Och, niver, niver come that again." "What's the matter with this woman?"—"She has got enlarged prostate." "The devil she has!"—"Yes, sir." "We must examine her then; I never saw but one case of the kind, and that was in the person of my father's gray mare, Giles. We gave her alterative doses of blue-pill and ipecacuanha, but she died, and on examining the body after death we found that she had got no prostate at all. I name the circumstance to you, gentlemen, that you may never commit the same mistake. Remember, that gray mares never have enlarged prostates. Well what is the matter with you?"—"Oh, if you please, sir, I was out the other day, and I have had a pain in my back for the last twenty years ever since." "Well, your throat is better. Here, gentlemen, is a good case of black tongue from excessive fever. I will order the patient some saline medicines, and she must come here the day after to-morrow. What has she been eating lately?"—"Spanish liquorice, sir." "Oh, then, that must make her tongue so black. I beg your pardon, gentlemen, I should have said that this was a case of liquorish fever. Any more of my patients here?"—"No, sir." "Here, take this book down to the shop. Vanish."

The eminent Baronet having resolved to give his assistant a *fair trial* since his election, lately selected for his maiden operation the amputation of a penis! After the operation, Mr. CUTLER attempted to make some clinical remarks on the case, but his voice failed, and he was inaudible. In gratitude for the elevation which he has lately obtained in the hospital, and in return for the honour of being allowed to cut off a penis, Mr. CUTLER seizes every favourable opportunity of expressing his sense of the eminence of Sir BENJAMIN. EX. gr. An out patient was asked by Mr. C., "who prescribed for him?" *Patient.* "Sir BENJAMIN, sir."—*Mr. C.* "Then, my good fellow, you have had the best advice in the world."

Again.—Sir BENJAMIN succeeded, on a late occasion, in introducing a catheter, when Mr. C. turned to the surrounding students, and, with uplifted hands, exclaimed, "This is wonderful! no other surgeon in Europe could have done it!"

BLIND-MAKING.

WILLIAM JONES, ætat. 50, residing in Crown-street, Soho, applied for relief, his case presenting a melancholy example of human suffering and the unavailing efforts of art. The vision of both eyes was completely destroyed. The contents of the left eyeball were so much absorbed as to leave the tunics only half distended, so that the globe felt like a half-filled bladder. The right eye had undergone very different changes. The pupil was very much enlarged, so that the iris had the appearance of a narrow ring, and behind the pupil there was a large yellow-coloured mass, apparently the capsule of the lens, covered and thickened with lymph. The eye was amaurotic, his sight being quite destroyed, and the iris immoveable.

The history this poor man gave of his illness, and of his sufferings whilst a patient in Mr. GUTHRIE'S Ophthalmic Hospital, and of the unusual number of operations to which he had submitted, created much sympathy, and afforded a useful lesson to young surgeons. This unfortunate sufferer's complaint had existed upwards of ten years, and commenced in consequence of having caught cold from a severe exposure, after which the right eye became dim. For the cure of this dimness he had used a variety of "drops" and "eye-waters" under the immediate superintendence of a Dr. ALEXANDER, but without deriving any advantage therefrom, and often suffering great pain from their use. Three years afterwards the second eye became dim, and he entered as a patient at Mr. GUTHRIE'S Ophthalmic Institution, then carrying on in Warwick-street, at which time he was able

to distinguish colours, and to guide himself. Two very painful operations were successively performed, without the slightest benefit; on the contrary, it was his own belief that his eyes were much injured by the operations, and his general health was hurt by the long-protracted pain and his languishing sufferings. Bereft of hope he was induced to apply to the *Middlesex Hospital*, and two other operations were performed on the remnants of the same eye.

Destitute of all means of supporting himself, and loath to relinquish the smallest chance of relief, he had again the courage to present himself at the Ophthalmic Institution, where Mr. GUTHRIE, in place of admitting him into the Infirmary, persuaded him to become a patient in the *Westminster Hospital*, where he put him under the immediate care of Mr. WHITE, who performed an operation on the left eye, in which he had the able assistance of Mr. GUTHRIE, but we regret for the honour of surgery, and more particularly for the fate of this unfortunate individual, to be obliged to say, that the last, like the previous operations, has only added to his melancholy condition, and all those who now examine his eyes pronounce his case to be far beyond the reach of art.

BIDEFORD, March 30, 1835.—*To the Editor.*—Sir, I beg to call your attention to an extraordinary case which has just occurred at Appledore. A young woman was taken in labour, and speedily delivered of a living child, by Mr. Staveley, a member of the College of Surgeons. Three days afterwards she was removed to Pilton, a distance of twelve miles, where, on her arrival, she was delivered of a second infant, still-born. The unfortunate young woman has died, and it is expected that a coroner's inquest will be to-morrow held on the body. I have the honour to be, Sir, A SUBSCRIBER.

CORRESPONDENTS.

We will publish with great readiness any reports of interesting and instructive hospital cases, with which *A Guy's Student* may favour us, confidentially authenticated, but such reports as those received from him this week would be charged as *advertisements* at Somerset House. The facts stated in the case of disease of the knee-joint would not fill more than twenty lines of print, ten of which would be occupied by the following:—"Under these "circumstances it was deemed proper to "amputate the limb, and on this day "(March 17) at one o'clock the double-"flap operation was *exceedingly well performed* by Mr. B. B. COOPER. It is "needless to criticise the operation, as it "was one which *could not be found fault "with*; the results, and the state of the "stump on this day (the 27th), are very "favourable." This is clearly an advertisement. Although the second case is detailed at somewhat greater length, yet the circumstances do not present a single peculiarity, apart from the trifling, but not surprising, cause of the dislocation, while, the account of "the great facility with "which the femur was reduced," and of "the exceedingly pithy clinique of Mr. "B. B. COOPER on dislocations of the "dorsum ilii," is very likely to subject that case also to the same description of charge at the Stamp-office.

A Medical Student.—Four years' study, one year of it as a resident. The details are too numerous for insertion here; but if our correspondent examines, at any bookseller's shop, page 129 of Mr. Renshaw's Med. Pocket Book, he will obtain the information he needs.

M. R. Apprentice, should examine his indentures, and act up to, and require other parties to that document to abide by, the letter and spirit of the clauses which it contains.

We will notice the complaint of *Dublinensis*.

If *Mr. Rich* can submit to the notice of a magistrate unquestionable proof that there are justifiable grounds for instituting a legal inquiry into the conduct of Dr. M., he may succeed in accomplishing the object of his application to the Editor.

Amat. Just. in Reb. Med.—The abuse has often been discussed in THE LANCET, and in the existing state of affairs space would be wasted at present in recurring to it; but, beyond all question, a remedy will be found for the evil at no distant day.

W. S.—Preparations may be made of every organ or member of the bequeathed body; but bodies received from public institutions must be committed to the earth, according to the provisions of the Act, to the last remnant. Dissection and examination are the only liberties permitted with the parts in such cases.

The requests of *Mr. Baker* and *Scalpel* shall be complied with.